

**USTA Colorado
Clinician's Activity Report**

Clinician Name: _____

Type of Activity Conducted: _____

Date of Activity: _____

Contact Name: _____

Location where event was conducted: _____

Address: _____

Phone: _____

Total number in attendance: _____ Age/grade levels of participants: _____

Name of *Extracurricular Tennis Program* participants were linked to (include copy of flyer or other promotional pieces distributed, if possible): _____

Please write your personal evaluation of the event and include activities that were introduced:

Please return this form with an invoice to:
Community Development Director
USTA Colorado
3300 East Bayaud Ave., Suite 201
Denver, CO 80231
Fax: (303) 695-7631