



INTERMOUNTAIN
COLORADO

USTA School Tennis Program Clinician's Application

General Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ E-mail Address: _____

Birth Date: _____ Social Security / Tax ID #: _____

Ethnic Background: Black Asian Caucasian
(Optional) Latino Native Amer. Other _____

Shirt size: S M L XL Warm-up size: S M L XL Shorts size: S M L XL

Employment Information

Present Job Title: _____

Company/Facility name: _____

Employer contact name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ E-mail Address _____

Tennis Background

NTRP Rating: _____ USTA membership #: _____

USPTA membership #: _____ USPTR membership #: _____

Tennis Background (continued)

High School & College Tennis Achievements: _____

USTA District / Sectional Ranking: _____

USTA-related Information

USTA Programs you have conducted, if any (i.e. Free for All, USTA Junior Team Tennis): _____

Do you have experience with the *USTA Schools Program*? _____

If yes -

• Number of previous clinicians' trainings attended: _____ When? _____

• Number of in-services led: _____ Number of assemblies conducted: _____

Educational Background

Education (Institution / Degree / Major): _____

Languages spoken, other than English: _____

****Please provide a resumé with this application, if one is available.**