

## Coach Activity Form

Full name of the coach who applies: \_\_\_\_\_

This form is to describe current coaching activity for the past three years.

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Check appropriate certification level:

Instructor     Club     State     Regional     National

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Describe audience of coach activity (check all that apply):

- USATT Club Coach instruction (group or private)
- Private individual coaching
- Community instruction (school, church, or park program)
- Program development
- Other – please describe \_\_\_\_\_

Current estimated number of hours per week of coaching activity:

2 – 8     9 – 16     17 – 25     26 – 35     35+

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List names of USATT player members that have competed in a regional three (\*\*\*) star or higher tournament in the past 3 years:

	<u>Name</u>	<u>Highest level tournament</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____

Other experience that further describe coaching activity (use back or additional sheet if necessary): \_\_\_\_\_

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Return form to USATT to: [ed@usatt.org](mailto:ed@usatt.org) or fax to (719-632-6071)