



CAMPUS QUICKSTART REGISTRATION

Coach's name: _____

Institution: _____

Gender: _____

USTA Section: _____

E-mail Address: _____

Phone # (Work and cell): _____

Mailing address: _____

CRITERIA

- Have you hosted or attended a QuickStart Coaches' Workshop in the past 2 years? Y/N
 - If yes, please list date, location, and trainer: _____
 - If no, please list the date you have scheduled: _____
- Have you registered as a 10 and Under Tennis Provider? Y/N
 - If yes, please list the date you registered: _____
- Please list your 10 and Under Tennis programming for the year below with dates:

**Still need to sign up to host a workshop? <http://ct.usta.com/qstrcw/>

**Still need to register as a provider: <http://10andundertennis.com/register.htm>

Please return this form to:

Elissa Kinard
Coordinator, Junior and Collegiate Competition
Kinard@usta.com
Office: (561) 962-6430
Fax: (561) 962-6485