



Bayside Tennis School

Expression of interest and application



Student name _____ Date of birth ____ / ____ /19

Current School _____

Year Level 2010 _____ Gender M / F

Parent/s name _____

Address _____

Suburb _____ Postcode _____

Home phone _____ Business phone _____

Mobile _____ Email _____

Family speaks English Y / N Main Language Spoken at Home _____

Right or left handed? _____ Double handed backhand? _____

How long have you played tennis? _____

Are you being coached Y / N Coach Name _____

Do you play tournaments Y / N If yes list three of your best performances below

Your Australian Ranking (if applicable) _____

What club do you belong to? _____

What is your current competition grade? _____

Please outline your current tennis training and /or other commitments

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Do you play another sport? _____

Please write a paragraph on one of the following: (attach an additional page if needed)

1. The Australian Open 2. A special day for me is... 3. I am a leader!

Return this completed form to:
 Mr Cliff Jennings
 Tennis Co-ordinator
 Williamstown Campus
 Bayside P-12 College
 PO Box 515
 Altona North 3025
 9393 5824