

# **ADAPTIVE TENNIS REGISTRATION FORM**

*Please complete the Program Registration Form at the bottom of this page and return to Kirk Anderson by mail at 70 West Red Oak Lane, White Plains, NY 10604, by fax at (914) 696-7238, or by email to [Anderson@usta.com](mailto:Anderson@usta.com).*

**Example:**

SECTION	<input type="text" value="Pacific Northwest"/>	Program Contact	<input type="text" value="John Smith"/>
Program Name	<input type="text" value="Special Olympics"/>	Phone #	<input type="text" value="(425) 123-4567"/>
Address 1	<input type="text" value="ABC Tennis Center"/>	Fax	<input type="text" value="(425) 987-6543"/>
Address 2	<input type="text" value="123 Main Street"/>	Email	<input type="text" value="jsmith@aol.com"/>
City, ST	<input type="text" value="Bellevue, WA"/>	Zip	<input type="text" value="98009-"/>
Length of Program	<input type="text" value="6 weeks"/>	Timeframe	<input type="text" value="twice/ year"/>
Type of Program	<input type="text" value="Tennis training and competition"/>	Events Planned (Date(s)/ Event):	<input type="text" value="6/3/05- Tennis Carnival"/>
Disabled Served	<input type="text" value="Autistic children"/>		
# of Participants	<input type="text" value="30"/>		

Is your program a 501(c)3 tax-exempt organization?  Yes  No

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## **PROGRAM REGISTRATION FORM**

SECTION	<input type="text"/>	Program Contact	<input type="text"/>
Program Name	<input type="text"/>	Phone #	<input type="text"/>
Address 1	<input type="text"/>	Fax	<input type="text"/>
Address 2	<input type="text"/>	Email	<input type="text"/>
City, ST	<input type="text"/>	Zip	<input type="text"/>
Length of Program	<input type="text"/>	Timeframe	<input type="text"/>
Type of Program	<input type="text"/>	Events Planned (Date(s)/ Event):	<input type="text"/>
Disabled Served	<input type="text"/>		
# of Participants	<input type="text"/>		

Is your program a 501(c)3 tax-exempt organization?  Yes  No