

## **“CLUB PRO 1” Confirmation of tennis work experience form**

All applicants must send their completed Confirmation of work experience to their Provincial Association within 7 days of enrollment in the course

**NAME:** \_\_\_\_\_ **CAC#:** \_\_\_\_\_

### **COACHING EXPERIENCE**

| <b>Years</b> | <b>Responsibilities</b> | <b>Number of<br/>hours/week</b> | <b>Employer's e-mail</b> |
|--------------|-------------------------|---------------------------------|--------------------------|
|              |                         |                                 |                          |
|              |                         |                                 |                          |
|              |                         |                                 |                          |
|              |                         |                                 |                          |

### **OTHER RELEVANT INFORMATION**

I hereby certify that the information I have provided with this application is true and complete; that Tennis Canada is authorized to verify my records; and that I will notify Tennis Canada of any changes to the information contained herein.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_