

ISRAEL SPORTS EXCHANGE 2016

Preliminary Application

Please print clearly and provide complete information

Name _____

Address _____

City/State/Zip _____

Telephone # () _____

Email Adress _____

Date Of Birth _____

High School _____

Grade in School (As of 09-2016) _____

NPR rating (1.0, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0+)

How many times a week do you play tennis

Where do you currently play tennis (Main club/training facility)

How many hours do you devout to tennis per week?

Name of private and or high school coach (Please include phone number and or email of coach)

State Ranking _____

**Sectional
ranking** _____

National Rank(USTA/Tennisrecruiting.net) _____

Please list all tennis accomplishments

Minimum of two TENNIS references include Name, Number, Email, and relationship to this person.

Signature or Applicant_____

Print Applicant's Name_____

Signature of Parent_____

Print Parent's name_____

Signature of Parent_____

Print Parent's name_____

Date_____

Please return this application to:
Israel Sports Exchange
Att: Larry Seidman
100 Misty Lane, 1st Floor
Parsippany, NJ 07054
(973) 952-0405, 694-2596 (Evenings)
Fax (973) 781-0876
Email- lbseidman@msn.com