



PLAYER PROFILE FORM

FIRST NAME _____ FAMILY NAME _____

DATE OF BIRTH (eg 07 July 1956) _____

PLACE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____

BROTHERS _____

SISTERS _____

CHILDREN _____

RESIDENCE (TOWN) _____

PERSONAL INTERESTS _____

OTHER INFORMATION _____

BIOGRAPHICAL NOTES

GENERAL _____

TEAM COMPETITIONS _____

FAVOURITE COURT SURFACE _____ COACH _____

PLAYING HAND: RIGHT LEFT AMBIDEXTROUS

HEIGHT _____ WEIGHT _____

HOME ADDRESS _____

TELEPHONE _____ FAX _____

MOBILE/CELL PHONE _____

E-MAIL (PLEASE WRITE CLEARLY) _____

MARITAL STATUS: MARRIED SINGLE

AGE AT ACCIDENT _____ KIND OF ACCIDENT _____

DISABILITY: AMPUTEE PARAPLEGIC QUADRIPLEGIC

OTHER

DISABILITY LEVEL _____ AGE BEGAN WHEELCHAIR TENNIS _____

WHEELCHAIR MANUFACTURER

CYCLONE DK QUICKIE RGK SOPUR TOP END OTHER

THANK YOU FOR COMPLETING THIS PROFILE FORM. PLEASE FAX YOUR COMPLETED FORM TO THE ITF OFFICE, LONDON +44 (0) 208 392 4741. YOUR DETAILS WILL BE REGISTERED/UPDATED AT THE EARLIEST OPPORTUNITY. IF YOU HAVE A PHOTO YOU WISH TO SEND TO US BY E-MAIL WE SHALL ALSO ATTACH THIS TO YOUR BIOGRAPHY