

TECHNICAL CONTROL SHEET

Name: _____ Surname: _____

Age : _____ Qualification Country: _____

Dates to stay with us: _____ Reason why you want to stay: _____

Training hours usually per day or week: _____

Tennis: _____ Fitness: _____

Tournaments that you play per month: _____

Illness: _____

Allergies: _____

Injury: _____

Specific Treatments: _____

