

HKTA fax: 2894-8704

Attn: Muse Wong

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Name of player:	
Date of Birth (DD/MM/YY):	
Age Started Tennis:	
Name of parents/guardians:	
Contact Number:	
Contact Email:	
Venue Prefer:	Hong Kong / Kowloon
HKTA Ranking: (if any)	

5 Best Results:

Month/Year	Tournament	Age Group	Result

Office Use Only	
Assessment Day:	
Assessed by:	
Result:	