ONTARIO TABLE TENNIS ASSOCIATION

APPLICATION FORM

(for clubs/community centers/other similar organizations)

Please, return this form not later than January 15th, 2013
Project Lead at dejan_papic@yahoo.com

Never Too Old For Gold

Date _____ Completed by _____

Organization

Street _____

Postal Code _____ City _____

Affiliated with OTTA _____

Estimated number of participants

Overall _____

Interested in coaching certificate _____
One day clinic

Interested in umpire certificate _____
One day clinic or online exam

Group Leader

Name _____ Position _____

E-mail _____ Tel _____

Venue

Address _____

Is this a permanent table tennis faclitity _____

If not how many hours per week _____

If you have more than one venue please, indicate this in e-mail

Table Tennis Courts

How many courts can you accommodate in your venue _____

Recommended courts are 8 x 4 meters or larger

Equipment

Number of tables _____ Barriers (in meters approx) _____

Coach

Do you have your own coach in mind to conduct practice sessions?

If Yes Coach Name

Certification _____

E-mail _____ Tel _____

If not, please, contact Project Lead as soon as possible

Nutritionist/Expert for Food

Do you have your own expert in mind to conduct practice workshops?

If Yes Expert Name _____

Certification _____

E-mail _____ Tel _____

If not, please, Project Lead will provide you an expert

Time to run the program

Proposed date to start the program _____
not later than Feb 15th

Propsed date fo finishe the program _____
not later than Apr 30

Proposed schedule to run practice sessions

Proposed date for information sessions _____
not later than Apr 30

Proposed date for tournament _____
not later than Apr 30

Proposed date for Healhy Eating Workshop
not later than Apr 30