

WHEELCHAIR

APPLICATION FORM

FIRST NAME: _____ SURNAME: _____

PARENTS NAME (If a minor): _____

ADDRESS: _____

DATE OF BIRTH: _____

EMAIL: _____

PHONE NUMBER: _____

***PLEASE INDICATE AND
SELECT RELEVANT SEAT
WIDTH ACCORDINGLY:**

SIZE	MM	SIZE REQUIRED
S	300	
M	350	
L	400	
XL	450	

LENGTH OF LOAN: 3 months 6 months

ADDRESS WHERE CHAIR(S) WILL BE LOCATED: _____

PLEASE SEND APPLICATION FORM TO: wheelchairtennis@tennis.com.au

Please tick the boxes below if you would like to:

receive offers and news via email from Tennis Australia and other relevant Australian Tennis Organisations regarding wheelchair tennis and other products and services.

receive offers via email or in other forms from third party corporate partners, sponsors, suppliers or broadcasters who have a relationship with Tennis Australia.

FOR FURTHER INFORMATION ON HOW TO GET STARTED PLAYING
WHEELCHAIR TENNIS, PLEASE CONTACT wheelchairtennis@tennis.com.au

