

**TENNISTAR SPORTS COUNSELOR-IN-TRAINING (CIT) PROGRAM APPLICATION**

**PLEASE PRINT CLEARLY**

**Date of Application:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip Code</b>
-------------	--------------	-----------------

**Age:** \_\_\_\_                      **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      **Sex:** M / F

**School Name & Address:** \_\_\_\_\_

\_\_\_\_\_

**Grade Level:** \_\_\_\_                      **Grade Point Average** \_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Your Cell Phone #:** \_\_\_\_\_

**Your E-Mail Address:** \_\_\_\_\_

**Please describe your availability to work from June through August:**

\_\_\_\_\_

**Days Available:**                                      M   T   W   TH   F

**Time(s) you are available:**      9 AM - 12 PM      1 PM - 3:30 PM      9 AM - 3:30 PM

**Please circle the location(s) where you would like to be considered for work:**

Sport & Health Bethesda                      St. Andrew's                      Georgetown Visitation

Audrey Moore RECenter                      Other \_\_\_\_\_

**What experience have you had teaching or working with children? (e.g., babysitting, tutoring, etc.)?**

---

---

**In which sports do you participate?**

TENNIS BASKETBALL SOCCER BASEBALL SWIMMING LACROSSE  
SOFTBALL FIELD HOCKEY OTHER: \_\_\_\_\_

**Describe positions played, awards won, rank on team, and any other relevant information in regard to sports you are currently active in or in which you have been a team participant. If you are a tennis player, describe state or sectional rankings.**

---

---

---

---

**Have you ever attended one of our camps in the past?      Yes / No**

**If so, which did you last attend, where and when? \_\_\_\_\_**

**List any artistic or theatrical skills: (e.g., acted in school plays, etc.) \_\_\_\_\_**

---

**List other school-related achievements and awards: \_\_\_\_\_**

---

**In 50 words or fewer, please explain why you are applying for the CIT program:**

---

---

---

---

---

**Describe any physical challenges which might impair or restrict your work with us:**

---

---

**Is there anything else you want us to know?**

---

---

**Please list the names and telephone numbers of two individuals we may contact as references:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please email completed form to [office@tennistar.com](mailto:office@tennistar.com) or print this form and mail to:**

Mitch Henkin, 2813 East-West Hwy, Chevy Chase, MD 20815

**You may contact us by calling (301) 530-5472 one week after submitting your application.**