



Table Tennis Talent Development Program at MDTTC Application Form

Please fill out this application form and submit to Coach Wang Qingliang at wqlwoshi@gmail.com.

Student Name _____ Birthdate (mm/dd/yy) _____ Gender _____

Attending School Name _____ City _____ Grade Level _____

Home Address _____

City _____ State _____ Zip Code _____

Father's Name _____ Telephone _____ Email _____

Mother's Name _____ Telephone _____ Email _____

1. How long has your child been playing table tennis? _____

2. How much table tennis does your child play each week? _____

3. Has your child had any formal table tennis training? Yes No

If yes, please check any box below that's applicable. What kinds of training?

Group lessons Where? _____ When? _____
How often each week _____? How long is each class? _____

Private lessons Where? _____ When? _____
How often each week _____? How long is each class? _____

Coach's Name _____ Phone : _____

Camps Where? _____ When? _____
For how long _____?

Others: (Please specify) _____

4. Your goals / expectations for your child in table tennis: _____

5. Why do you want your child to join the Talent Development Program? _____

6. What other activities does your child participate in regularly: _____