

UIC SQUASH LEAGUE

Instructor Form.

Personal Info:

Name	
E-mail	
Phone # (optional)	
Learner Level you can teach ? (Beg., Inter., Adv.)	

Time Slots: What times will you be available during the week to conduct the clinic ?

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Fill out the form and mail it to the coordinator of UIC squash league clinic program at:
fbashi1@uic.edu