

UIC SQUASH LEAGUE

Learner Form.

Personal Info:

Name	
E-mail	
Phone # (optional)	

Time Slots: Following are the time slots at which different instructors will be available. What time slot would you prefer to be a part of the clinic. Rank the time slots from 1 as highest preference.

Day	Time Slots	Instructor	Your Preference
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