

NEW MEXICO YOUTH TENNIS FOUNDATION

CERTIFICATE OF SERVICE HOURS COMPLETED

USTA District: _____

Contact Person: _____

Phone: _____

Please be advised that _____ (name) completed the following community service hours with regard to the following youth tennis programs/tennis events:

Program/Event: _____

Program address: _____

Program phone: _____ E-mail: _____

Number of hours of service and dates:

DATE	SERVICE PERFORMED	HOURS OF SERVICE
TOTAL HOURS		

Printed name of Program Director or Coach: _____

Signature of Program Director or Coach: _____

USTA District Officer approving: _____