

USTA League Tennis Team Application

TEAM NUMBER: _____
(To be filled in by coordinator)

HOME CLUB _____

Club Phone # (_____) _____

HOME MATCH TIME: DAY _____
TIME _____

NO OF COURTS: _____ Indoor Backup? Yes No

COURTS: HARD SOFT / INDOOR OUTDOOR

LEVEL: 2.5 3.0 3.5 4.0 4.5 5.0
6.0 7.0 8.0 9.0 10.0
"A" "B" "C" "Open"

LEAGUE: ADULT SUPER SENIOR
SENIOR SUPER 70S
MIXED SENIOR MIXED
TRI LEVEL
"A" "B" "C" "OPEN"

GENDER: MEN WOMEN

CAPTAIN _____

CO-CAPTAIN _____

PHONE: (HOME) (_____) _____

PHONE: (HOME) (_____) _____

(CELL) (_____) _____

(CELL) (_____) _____

(e-mail) _____

(e-mail) _____

LIST ANY DATES THAT SHOULD BE BLACKED OUT FROM YOUR SCHEDULE:

**SEND COMPLETED REGISTRATION FORM TO:
YOUR LOCAL LEAGUE COORDINATOR**