

# Team Tennis Registration Form - 2010



*Upper Valley Community Tennis Association  
1566 Neal Road, White River Jct., VT 05001*

**\*\* make checks payable to: *Upper Valley CTA*  
non-refundable ~ \$30/player**

**(PLEASE PRINT CLEARLY)**

*TEAM NAME* \_\_\_\_\_

*Ladies A* \_\_\_ *Ladies B* \_\_\_ *Mens A* \_\_\_ *Mens B* \_\_\_

*Team Captain* \_\_\_\_\_

## **PLAYER INFO:**

*First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

*Mailing Address* \_\_\_\_\_  
\_\_\_\_\_

*Phone (H)* \_\_\_\_\_ *(W)* \_\_\_\_\_

*Email* \_\_\_\_\_

*Date of Birth (MM/DD/YY)* \_\_\_\_\_ *M* *F* \_\_\_\_\_

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