

2009 SPRING LEAGUE - ADULT DAY WOMEN TEAM ENTRY FORM

\$25.00 Team Registration Fee
Make check payable to: **USTA ADULT DAY LEAGUE**

Circle One: 2.5 3.0 3.5 4.0

Team Name: _____

****Captain's Name:** _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

****Co-Captain's Name:** _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Host Location: _____

Total number of courts available @ 9:00 a.m. _____

Are your club courts available on Monday's? Yes _____ No _____

Host Preference: Monday _____ Tuesday _____ Either _____
(Cannot guarantee if playing multiple levels or if your club has several teams hosting.)

If Host Preference cannot be honored due to court availability, please choose one:
Another Day _____ Another location (Court fees applicable) _____

We will do our best to accommodate teams playing multiple levels. Due to court availability, it is difficult to guarantee all special requests.

SPECIAL REQUESTS
