

USTA Adult Team Application

Tennis Center Sand Point

League: _____

Date: _____

Weekday Weekend/Evening
(Circle day/weekend)

Women Men Mixed Rating Level: _____
(circle gender)

Captain: _____

E-mail: _____

Captain: _____
(co-captain if applicable)

E-mail: _____

ROSTER

Only TCSP members will be accepted on the application. Please include Full Names and E-mail address for all players. Include a minimum of 12 TCSP Members to be eligible for practice.

	Player Name	Rating	E-mail Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			