## 2008 FALL SCHOOL TEAM TENNIS LEAGUE REGISTRATION FORMS
## *MUST BE RECEIVED NO LATER THAN MONDAY, SEPTEMBER 22, 2008*

## PLAYER REGISTRATION

INSTRUCTIONS FOR PLAYERS:

1. Current USTA members complete Section A. If not a USTA member, complete Section B.
2. Return form with check (payable to Pensacola Junior Tennis Association for the appropriate amount to Roger Scott Tennis Center . Forms may be hand delivered or mailed to the following address:

Roger Scott Tennis Center - ATTN: Donna Underdonk
4601 Piedmont Road
Pensacola , FL 32503

## SECTION A - CURRENT USTA MEMBER

**Registration Fee:** $35 per player

**Player's Name**:_____
First Middle Last

P**layer's USTA Number:**_____

**Player's Gender** (circle one): *FEMALE* *MALE*

**E-mail Address:**_____
(E-mail address is required to communicate information on junior tennis and will not be shared or provided to other parties not involved in junior tennis)

**Player's Age**:_____ **Phone Number:**_____

**School:** _____

**Division for which registering** (circle one)

QuickStart Ages 6-8 Intermediate Middle School

Quick Start Ages 9-10 Advanced Middle School

Advanced Elementary

A dvanced Middle School Boys *(if sufficient interest is indicated)*

**T-shirt size (circle one):**

**Youth Sizes:** Small Medium Large Extra Large

**Adult Sizes:** Small Medium Large Extra Large

## SECTION B - NOT CURRENTLY A USTA MEMBER

**Registration Fee:** $53 (includes one-year USTA membership)

**Player's Name**:_____
First Middle Last

**Player's Date of Birth:**_____
(MM / DD / YY)

**Player's Gender** (circle one): *FEMALE* *MALE*

**Player's Address:** _____
(P.O. Box/Street)

_____
City / Zip Code

**Player's Gender** (circle one): *FEMALE* *MALE*

**E-mail Address:**_____
(E-mail address is required to communicate information on junior tennis and will not be shared or provided to other parties not involved in junior tennis)

**Player's Age**:_____ **Phone Number:**_____

**School:** _____

**Division for which registering** (circle one)

QuickStart Ages 6-8 Intermediate Middle School

Quick Start Ages 9-10 Advanced Middle School

Advanced Elementary

A dvanced Middle School Boys *(if sufficient interest is indicated)*

**T-shirt size (circle one):**

**Youth Sizes:** Small Medium Large Extra Large

**Adult Sizes:** Small Medium Large Extra Large

## COACH REGISTRATION

**School:** _____

**School's Team Tennis Point of Contact**: _____

**Division you will be coaching** (circle one)

QuickStart Ages 6-8 Intermediate Middle School

Quick Start - Ages 9-10 Advanced Middle School

Advanced Elementary

Advanced Middle School Boys (if sufficient interest is indicated)

**Coach's Name**: _____
First Middle Last

**Coach's Address:** _____
(P.O. Box/Street)

_____
City / Zip Code

**Phone: Home** _____ **Other** (specify)_____

**E-mail Address:** _____
(E-mail address is required to communicate information on junior tennis and will not be shared or provided to other parties not involved in junior tennis)

**USTA #** (if a USTA member; membership not required): _____