

# LADIES LEAGUE APPLICATION FORM

NEW TO LEAGUE AT WVTC

Or

REQUEST TO SWITCH TEAM  CURRENT TEAM: \_\_\_\_\_

.....

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LEVEL OF PLAY (NTRP): \_\_\_\_\_

DO YOU HAVE A TENNIS PARTNER? YES  NO

DO YOU HAVE A TEAM PREFERENCE? YES  NO

IF YES WHICH TEAM? \_\_\_\_\_

AVAILABILITY: DAY  EVENINGS

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

