

TEAM NAME:

TEAM PLAYER	HOME PH.	WORK PH.	CELL PHONE	ADDRESS	CITY	ZIP	EMAIL
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Please Print:

[illegible]

We certify that the individuals listed above are eligible for league play as defined in the League Rules.
None of the listed individuals has a skill level, or rating, greater than 3.5 "C" Recreational League as defined by USTA / NTRP.

Club/Team name	Team Captain signature above	Club Professional signature above
Date: _____	Print name here:	Print name here:

Roster's are due in to League Coordinator by 8/15 of each year along with also team dues (make check to Doug Matthews). Mail to: Doug Matthews, "C" League Coordinator, 10076 Persimmon Hill Ct., Jacksonville, FL 32256-3526