

## TEAM ENTRY FORM

## **DEADLINE MAY 31**

## TEAM LEVEL 2.5/3.0 TUESDAYS \_\_\_ 3.0/3.5 WEDNESDAYS \_\_\_

3.5/4.0 THURSDAYS 4.0/4.5 TUESDAYS	
CAPTAIN: Name	
Address:	
Phone: (home)(work)	
Cell:E_mail:	
Valid e-mail address is required, no exceptions. All future correspondence will be via e-mail.	
HOME COURTS: Public ( )Private ( )	
If you designate Private, you must check with your club's facility manager to make sure your roster	1
complies with your club's policy regarding league teams.	
SECURITY DEPOSIT: \$150.00 PER TEAM (*due with team entry form)	
Please enter my team in the 2016 Tri–County CTA Ladies Doubles Day League. I understand this fo	rm
s my team's commitment to participate in this League and the Security Deposit will be destroyed	
apon completion of all matches played. However, I understand that if my team forfeits an entire	
match ( 2 out of 3 courts) the \$150.00 may be deposited and all matches played or to be played will	1
oe null and void.	
CAPTAIN'S SIGNATURE:	

Please make checks payable to Tri County CTA in the amount of \$150.00. Return this form to Tara Baugh, 104 Bogans Walk, Madison, MS 39110.