

Northern Connecticut County League Team Entry Year: 20__

Due Date _____

Choose division and level to enter

Tri-Level	3.5 4.0 4.5
Adult: 18 and over 40 and over	3.0 3.5 4.0 4.5
Adult: 55 and over 65 and over	6.0 7.0 8.0 9.0
Mixed	6.0 7.0 8.0 9.0

Team Name:

Home Club:

*Desired match day/time:

Captain Name:

Captain Contact Email:

Captain Contact Phones: Primary:

Alternate:

Co-Captain Name:

Co-Captain Contact Email:

Co-Captain Contact Phone: Primary:

Alternate:

Grievance Committee Member:

Grievance Committee Email:

Grievance Committee Phone:

Underline any changes to previous team info.

*Your desired match day/time is not guaranteed

10 IN-LEVEL ROSTER MEMBERS MUST BE SUBMITTED for Adult 18+, 40+, Senior Women = 6

Name

USTA #

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

By submitting this form, captains agree to have read and abide by USTA local, Section, and National regulations.

Submission does not guarantee entry. Partially completed or late Team Entries will not be accepted and will affect team participation.