2007 ODTA SUPER SENIORS TENNIS LEAGUE
TEAM CAPTAIN'S INFORMATION SHEET

TEAM NAME: _____

LEVEL OF PLAY: **[Men Women]** **[6.0 7.0 8.0]**
(Circle one) **(Circle one)**

CAPTAIN'S NAME: _____

ADDRESS: _____

_____

PHONE: Primary _____ Alt#: _____

Fax _____ E-mail: _____
(E-Mail is the Preferred method of communication)

CO - CAPTAIN: _____

PHONE: Primary _____ Alt#: _____

E-mail: _____

Is your team sponsored? **YES** **NO** Sponsor will pay fees with one check? **YES** **NO**

Do you have a **Home** court other than a City & County public facility? **YES** **NO**

If **YES** to **Home** court, then please provide the following:

Name or Location: _____
(Example: Kailua Racquet Club, Wentworth, Mililani Rec 3, Name of High School, etc.)

Number of courts?____ **Time available**: _____ **Dates unavailable**_____
(between July 15 – Sept. 5, 2007)

PLEASE **FAX TO:** 955- 8363

OR **EMAIL TO**: char4spen@gmail.com for 6.0, 7.0 and 8.0

OR **MAIL TO:** Super Senior League Coordinator (please state level 6.0, 7.0, or 8.0)
c/o HPS Office
1500 Beretania Street, Suite 300
Honolulu, HI 96826

Last Day to turn in Sheets: Friday, July 6, 2007

REGISTRATION WILL BEGIN ON JULY 6, 2007