



USTA ZONE TEAM CHAMPIONSHIPS

Application for Entry

Please complete this entry blank and mail it promptly to your Sectional Endorser. All entries not properly completed will be returned. Entry fee must accompany this form and be made payable to the Southern Tennis Assoc. Please use black ink and print clearly.

NAME:		AGE DIVISION: (circle one) <i>BG12</i> <i>BG14</i> <i>BG16</i>		
BIRTHDATE: <i>month</i> <i>/day</i> <i>/year</i>		EMAIL ADDRESS:		
ADDRESS: (<i>street</i>)		<i>(city)</i>		<i>(state)</i> <i>(zip)</i>
PHONE (home): ()		PHONE (parent office): ()		
SECTION:		USTA MEMBERSHIP NO.:		<i>exp.date</i>
ENTRY FEE: \$75				
PRIVATE HOUSING: (<i>circle one</i>) <i>Yes</i> <i>No</i>		note: not all events offer private housing, contact director		
TRANSPORTATION: <i>Arrival Day:</i>		<i>Time:</i>	<i>Place:</i>	<i>By:</i> (method of trans.)

Please send the entry blank, and entry fee to your Sectional Endorser for certification. The Sectional Endorser will send this application to the Tournament Chairman.

PLEASE NOTE: You must present your USTA membership card prior to playing your first match.

<p>USTA RELEASE: The USTA requires a signed release covering all entrants in national USTA events. The release must be signed by the entrant and parent or guardian of any entrant who is a minor.</p> <p>Acceptance of my entry in these events is without assumption or responsibility of any kind by the USTA, its sectional associates, committee or the management of any event in which I may be entered or may participate. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself, and my heirs and my legal representatives release and forever discharge the USTA, its officers, committees, and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the events described, and all claims are hereby waived and released, and I covenant not to sue therefor.</p>				
_____ Signature of Entrant		_____ Signature of Parent or Guardian		
_____ Date	_____ Street	_____ City	_____ State	_____ Zip
<p>MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness seems reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures.</p>				
_____ Signature of Entrant		_____ Signature of Parent or Guardian		
_____ Date	_____ Street	_____ City	_____ State	_____ Zip

Sectional Endorser's Signature
No Entry Will Be Accepted Without Sectional Endorsement!

SEND COMPLETED FORM TO:

SECTIONAL ENDORSER:		ADDRESS:		
CITY:		STATE:	ZIP:	