USTA NORTHERN 2017 EDC's

INFORMATION FORM

PLEASE PRINT /WRITE CLEARLY

PLAYER NAME_____

PARENT(S) NAME(S)_____

BIRTH YEAR_____ BALL COLOR_____

MAILING ADDRESS_____

CITY _____ STATE _____ ZIP _____

CAMP LOCATION APPLYING FOR: (CIRCLE ONE)

SIOUX FALLS LAKEVILLE ROCHESTER FARGO

PARENTS EMAIL_____

PARENTS CELL #_____
(Include Area Code)

COACHES NAME _____

COACHES EMAIL _____

COACHES CELL # _____

Forms Due by: February 10, 2017

Please return to: Vanessa Sexton – USTA Northern
1001 W. 98th St. #101
Bloomington, MN 55431
Email: admin@northern.usta.com