



First Junior Tournament Reimbursement Form **2016**

Player Name:_____

Player USTA Membership #:_____

Tournament Name:_____

Tournament Start Date:_____

Entry Fee Amount:_____

Name and Mailing Address for reimbursement:

We are always interested in ways we can improve the experiences of our tennis players. We value your input and would appreciate your answers to just a few more questions (optional):

- **Did you enjoy your first tournament experience?
Why or why not?**
- **Was this reimbursement program a factor in you deciding to play your first tournament?**
- **Do you have any suggestions?**

Please feel free to use the back of this form or attach an additional page for your responses.

Please return completed form to ATA, Attn: Cindy Curtis, 2024 Arkansas Valley Drive #302, Little Rock, AR 72212, or email to cindy@arktennis.com or fax to 501-223-0531. This offer is good for Arkansas tournaments played in 2016. Forms must be submitted within 30 days of first tournament completion and no later than December 30, 2016.