



KHSAA REGIONAL TENNIS TOURNAMENT

REGIONAL TOURNAMENT ENTRY FORM

BOYS	GIRLS
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(check one)

SCHOOL:	
REGION	

The following player(s) will participate in the Regional Tennis Tournament to be played:

DATE:	
SITE:	

<u>Name of Designated Head Coach or School Representative</u>	<u>School Phone</u>
<u>Home Phone</u>	<u>School Fax</u>

LIST OF ENTRANTS (Please Print First & Last Name)

	<u>SINGLES PLAYERS</u>	<u>YEAR IN SCHOOL</u>	<u>RECORD</u>
#1			
#2			

	<u>DOUBLES TEAMS</u>	<u>YEAR IN SCHOOL</u>	<u>RECORD</u>
#1			
#2			

**NOTE: THIS FORM MUST BE SUBMITTED TO THE REGIONAL TOURNAMENT MANAGER
PRIOR TO THE REGIONAL DRAW**