|  |  |  |
| --- | --- | --- |
|  | **TEAM TENNIS TOURNAMENT** | *KHSAA Form TN112* *Revised 3/14* |

**Team Line-up Card**

|  |  |
| --- | --- |
| **BOYS** | **GIRLS** |

*(check one)*

|  |  |
| --- | --- |
| **SCHOOL:** |  |
| **REGION** |  |

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

|  |  |
| --- | --- |
| **DATE:** |  |
| **SITE:** |  |

|  |  |
| --- | --- |
| **Name of Designated Head Coach or School Representative** | **School Phone** |
|  |  |
| **Home Phone** | **School Fax** |
|  |  |

**LIST OF ENTRANTS (Please Print First & Last Name)**

|  |  |  |
| --- | --- | --- |
| SINGLES PLAYERS | GRADE | UTR |
| #1 |  |  |
| #2 |  |  |
| #3 |  |  |

|  |  |  |
| --- | --- | --- |
| DOUBLES TEAMS | GRADE | UTR |
| #1 |  |  |
|  |  |  |
| #2 |  |  |
|  |  |  |

**NOTE: This form MUST be SUBMITTED TO the REGIONAl & State Tournament Manager**

**One (1) Hour PRIOR TO Play**