

2017 JUNIOR TEAM TENNIS  
PARTICIPANT

USTA # if available \_\_\_\_\_ Membership Number \_\_\_\_\_

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Age Player will be on August 6, 2017 \_\_\_\_\_

FIRST DAY OF PRACTICE IS JUNE 6 THROUGH JULY 25 (PARTY/PRACTICE CELEBRATION)

MATCHES WILL BE HELD EVERY MONDAY FROM JUNE 12 – JULY 24

COST: \$160 on or before April 17 **OR** \$175 after April 17

MATCH TIMES: 8:00AM	10 & UNDER	PRACTICE: 1-2:00PM	10 & UNDER
10:00AM	12 & UNDER	2-3:00PM	12 & UNDER
12:00PM	14 & UNDER	3-4:00PM	14 & UNDER and 18 & UNDER
2:00PM	18 & UNDER	**Practice times subject to change	

**PLEASE CHECK THE DATES YOU WILL BE AVAILABLE TO PLAY**

\_\_\_\_\_ June 12      \_\_\_\_\_ June 19      \_\_\_\_\_ June 26      \_\_\_\_\_ July 3

\_\_\_\_\_ July 10      \_\_\_\_\_ July 17      \_\_\_\_\_ July 24\*

\*Depending on the number of team in a division, some teams will not have matches scheduled for July 24

**COLORADO STATE CHAMPIONSHIPS (Teams must qualify):** \_\_\_\_\_ August 4-6

I, \_\_\_\_\_, AM COMMITTED TO ATTENDING THE DATES CHECKED ABOVE AND WILL ADVISE THE TEAM PARENT OR COACH 72 HRS. (3 DAYS) PRIOR TO ANY CANCELLATION AND WILL ASSIST IN FINDING A SUBSTITUTE IF NEEDED.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_ I am able to be a "Parent/Captain." Responsibilities of a Parent/Captain include contacting the opposing team's coordinator to confirm matches, reporting scores, and arranging rides if needed. Parent/Captain involvement helps improve the experience for all players.

Please print and mail completed form with your check (made out to **Bear Creek Swim & Tennis Club**) to:

**c/o Jill Breslin**

**P.O. Box 27412**

**Lakewood, CO 80227**

Check here if paid by PayPal \_\_\_\_\_