

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 _____