

**2018 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 5, 2018 _____

PRACTICES ARE TUESDAYS & THURSDAYS JUNE 6 THROUGH JULY 19

(July 24 Party/Practice Celebration)

MATCHES ARE EVERY MONDAY FROM JUNE 11 – JULY 23

COST: \$175 on or before April 17 **OR** \$200 after April 17

MATCH TIMES: 8:00AM	10 & UNDER	PRACTICE: 1-2:00PM	10 & UNDER
9:30AM	12 & UNDER	2-3:00PM	12 & UNDER
11:00PM	14 & UNDER	3-4:00PM	14 & UNDER and 18 & UNDER
12:30PM	18 & UNDER	**Practice times subject to change	

PLEASE CHECK THE DATES YOU WILL BE AVAILABLE TO PLAY

_____ June 11 _____ June 18 _____ June 25 _____ July 2

_____ July 9 _____ July 16 _____ July 23

COLORADO STATE CHAMPIONSHIPS (Teams must qualify): _____ August 3-5

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 Pam Gelwick
P.O. Box 27412
Lakewood, CO 80227**

Check here if paid by PayPal _____