

ALL CLASS REGIONAL TENNIS ENTRY FORM

TO: DIRECTOR, REGIONAL TENNIS TOURNAMENT

The students listed below will represent _____ High School in the Class _____ Region _____ Tennis Tournament.

****NEW – The students listed below have competed in at least 6 events at their position**

There is on file at the school a statement signed by a physician and by a parent or guardian certifying that the participant has permission and is physically qualified to participate.)

NOTE: ALL POINT STAY AT THE POSITION EARNED. IF YOU HAVE CHANGED PLAYERS AT A POSITION, THE POINTS STAY AT THAT POSITION.

	Name	Year In School	Last Year's State finish	Dual Match Record		Dual Match Points	Tny Pts. (2-1 or ½) per team	TOTAL
				Won	Loss			
#1 Singles								
#2 Singles								
#3 Singles								
#1 Doubles								
#2 Doubles								
#3 Doubles								
#4 Doubles								

SCAN/E-MAIL ONE COPY OF THIS ENTRY TO THE DIRECTOR OF YOUR REGIONAL TOURNAMENT

Head Coach: _____

Assistant Coaches: _____

Do not send this form to the CHSAA office.

Updated 4/2017