



2020 JUNIOR TEAM TENNIS PARTICIPANT AGREEMENT



USTA # if available _____
 First Name _____ Last Name _____
 Parent/Guardian _____ Parent Cell Phone _____
 Address _____
 City _____ State _____ Zip _____
 Date of Birth (mm/dd/yyyy) _____ Gender _____
 E-mail _____
 Home Phone _____ Player Cell Phone _____
 Age Player will be on August 5, 2019 _____

PRACTICES ARE HELD 1:30-3:00PM START THE WEEK OF JUNE 3.
 WE MAY ADD ANOTHER PRACTICE TIME AT 3:00-4:30PM IF NEEDED.
 MATCHES ARE HELD EVERY MONDAY FROM JUNE 8 – JULY 20.

8:00 AM 10 & UNDER AND 12 & UNDER
 9:30 AM 14 & UNDER
 11:00AM 18 & UNDER

PLEASE CHECK THE DATES YOU WILL BE AVAILABLE TO PLAY.

REGULAR SEASON:
 _____ JUNE 8 _____ JUNE 15 _____ JUNE 22 _____ JUNE 29
 _____ JULY 6 _____ JULY 13 _____ JULY 20

COLORADO STATE CHAMPIONSHIPS (Teams must qualify): _____ JULY 29—AUG 1

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

 PARTICIPANT'S SIGNATURE

 DATE

 PARENT'S SIGNATURE

 DATE



I would like to be a parent volunteer to assist with the team

PLEASE FILL OUT FORM and EMAIL to annie@lewistennis.com or MAIL TO: Lewis Tennis School, PO BOX 1207, Laporte, CO 80535