

LILYDALE & DISTRICT NIGHT TENNIS ASSOCIATION

Present tennis club:.....

Category applying for: (Cross in box)

Ladies Mens Mixed Mens
 Monday Tuesday Wednesday Thursday

Preferred team name:.....

Section applying for:.....

If same team as the previous season give team name and section.

Team name:.....

Section:.....

REGISTRATION FEE OF \$15 MUST ACCOMPANY NOMINATION ENTRY FORM.

Teams must be prepared to play on an alternative night.

COMPLETE ALL DETAILS BELOW ACCURATELY (NOT TICKS OR DASHES)

Surname	Christian name	Phone number	Grade previously played				
			Eastern Region		VTA	Night Comp	Other
			Saturday				
Sen	Jun						

MEN								

LADIES								

EMERGENCIES								

Captain's name:.....

Address:.....

..... Postcode:.....

Telephone:.....

Closing date:.....

This team nomination entry form must be returned to your club representative.