

2020 / 2021 GVTL TEAM ROSTER

(PRINT IN LANDSCAPE)

FACILITY NAME: _____ (THIS WILL BE THE TEAM NAME) COURT SURFACE: _____ _____ / _____ Team Captain's Home Address / Captain's Cell Phone No. RATED NTRP LEVEL OF TEAM: Gender: Women's Men's Mixed Division: Lite 50 60 65 Combo Bi-Level FUN Singles Flex Time: Day Night Day: Mon. Tues. Wed. Thurs. Fri. Sat. # Captain of Team: Thank you!! Your GVTL League fee is FREE!	LEAGUE FEES: \$40.00 PER PLAYER **Free Registration for Captain** 2 Payment Options: 1. Mail 1 team check made out to GVTL 2. Venmo total team amount to: @GVTL-Tennis MAIL ROSTER TO: Greater Volusia Tennis League P. O. Box 333 DeLeon Springs, FL 32130-0333 OR EMAIL ROSTER TO: gvtlmailbox@gmail.com Preference (14 Teams): North South None **All Matches will be 2 sets with 10 point Coman Tiebreak**
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DO NOT LIST PLAYERS IF RATING IS NOT CURRENT AND FEES ARE NOT ATTACHED!

	GVTL #	FIRST NAME	LAST NAME	E-Mail ADDRESS (Required)	Home Address (if new)	RATING	CELL PHONE
1.	#	Capt.					
2.		Co.					
3.							
4.							
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REQUIRED: Club Pro/Manager Print Name: _____ Sign Name: _____ Phone # _____