

GVTL TEAM ROSTER FORM

(PRINT IN LANDSCAPE)

FACILITY NAME: _____ (This will be the Team's name) COURT SURFACE: _____ _____ / _____ Captain's Email Address _____ Captain's Cell Phone No. _____ RATED NTRP LEVEL OF TEAM: Gender: Women's Men's Mixed Division: Age Group _____ Combo Bi-Level Tri-Level Singles Flex Day: Mon. Tues. Wed. Thurs. Fri. Sat. Time: Day Night	LEAGUE FEES: \$40.00 PER PLAYER ** Captain of Team: Thank you!! Your GVTL League fee is FREE! 2 Payment Options: 1. Mail 1 team check 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 Matches are 2 out of 3 sets with Coman Tiebreak for 3rd set.
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DO NOT LIST PLAYERS IF RATING IS NOT CURRENT AND FEES ARE NOT ATTACHED!

	GVTL #	FIRST NAME	LAST NAME	Please print E-Mail ADDRESS (Required)	RATING	CELL PHONE #
1.	#	Capt.				
2.		Co.				
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REQUIRED: Club Pro/Manager Print Name: _____ Sign Name: _____ Phone # _____