METRO MASTERS TENNIS ASSOCIATION. **REGISTRATION - THURSDAY VETERANS TENNIS ASSOCIATION** AUTUMN 2016 SEASON:- COMMENCING THURSDAY 4TH FEBRUARY, 2016

PLEASE PRINT NAMES AND PHONE NUMBERS. FAX NUMBERS & EMAIL ADDRESSES

TENNIS CLUB **TEAM NO 1 COURT LOCATION: Different** Name If Applicable Team Name **Player Contact Contact Address** Contact Phone No **E-mail Address: (***a*) Fax No: **Team Members Phone No Team Members Phone No** 4 1 5 2 3 6 **Section Applied For Please Circle Section Applied For** 1 2 3 4 5 6 If Email address supplied any correspondence will be sent by email

TEAM NO 2			
Team Name	Different Name If Applicable		
Player Contact			
Contact Address			
Contact Phone No		E-mail Address:	@
Fax No:			
Team Members	Phone No	Team Members	Phone No
1		4	
2		5	
3		6	
Section Applied For	1 2 3 4 5 6	Please Circle Section Applied For	

TEAM NO 3			
Team Name		Different Nan	ie If Applicable
Player Contact			
Contact Address			
Contact Phone No		E-mail Address:	@
Fax No:			
Team Members	Phone No	Team Members	Phone No
1		4	
2		5	
3		6	
Section Applied For	1 2 3 4 5 6	Please Circle Section Ap	oplied For
REGISTRATIO	N FEE: TEAM	IS @ \$40.00 PER TEAM	= \$
<u>NOTE: 0</u>	COMPLETED TEAM	REGISTRATION FOR	MS TO:
		Y PARADE, IVANHOE	
NO LA	ATER THAN THURS	DAY 31 st DECEMBER,	2015

C:\Users\Laurie\Documents\Metro Masters Tennis Association\MMTA Adobe Documents\Autumn2016Veterans Registration Form.docx

<u>METRO MASTERS TENNIS ASSOCIATION.</u> <u>REGISTRATION - THURSDAY VETERANS TENNIS ASSOCIATION</u> <u>AUTUMN 2016 SEASON:- COMMENCING THURSDAY 4TH FEBRUARY, 2016</u>

PLEASE PRINT NAMES AND PHONE NUMBERS, FAX NUMBERS & EMAIL ADDRESSES

TEAM NO 4			
Team Name	Different Name If Applicable		
Player Contact			
Contact Address			
Contact Phone No		E-mail Address:	@
Fax No:			
Team Members	Phone No	Team Members	Phone No
1		4	
2		5	
3		6	
_			
Section Applied For	1 2 3 4 5 6 Please Circle Section Applied For		
		nce will be sent by email	••
TEAM NO 5		e e e e e e e e e e e e e e e e e e e	
	Different Name If Applicable		
Team Name		Different Nar	ne If Applicable
		Different Nar	ne If Applicable
Team Name		Different Nar	ne If Applicable
Team Name Player Contact		Different Nan E-mail Address:	ne If Applicable
Team Name Player Contact Contact Address			
Team Name Player Contact Contact Address Contact Phone No	Phone No		@
Team Name Player Contact Contact Address Contact Phone No Fax No:	Phone No	E-mail Address:	@
Team Name Player Contact Contact Address Contact Phone No Fax No: Team Members 1	Phone No	E-mail Address: Team Members	@
Team NamePlayer ContactContact AddressContact Phone NoFax No:Team Members12	Phone No	E-mail Address: Team Members 4 5	@
Team Name Player Contact Contact Address Contact Phone No Fax No: Team Members 1	Phone No	E-mail Address: Team Members 4	

REGISTRATION FEE: TEAMS @ \$40.00 PER TEAM = \$NOTE: COMPLETED TEAM REGISTRATION FORMS TO:DAVID BURN, 21 LIBERTY PARADE, IVANHOE 3079NO LATER THAN THURSDAY, 31ST DECEMBER, 2015