

TENNIS WEST – League Shield Engraving Request Form

Please return completed form to: skingston@tennis.com.au

Please type or print player's names:

- clearly
- ensure correct spelling
- mark 'C' next to Captain's name (if wanted)

_____ **TENNIS CLUB**

Club Contact Name _____
Phone _____
Email _____

Date the shield is required by for collection _____
(minimum of 2 weeks notice is required for engraving)

Date of Presentation _____

Would you like a Tennis West Board Member to attend ? (if possible) _____
If yes, to the above, Tennis West will email/fax a Club Brief form to be completed by the Club

TENNIS WEST
SUMMER LEAGUE 2019/2020

Competition/League _____

Division _____

	Player's Name
1	
2	
3	
4	
5	
6	
7	
8	