

Print

GVTL TEAM ROSTER FORM

(PRINT IN LANDSCAPE)

FACILITYNAME: (ThiswillbetheTeam'sname)

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 PERPLAYER ** Captain of Team: Thank you!!
YourGVTLLeague fee is FREE!

2 Payment Options: 1. Mail 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.

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.				
3.						
4.						
5.						
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14.						
15.						

REQUIRED: Club Pro/Manager Print Name: _____ Sign Name: _____ Phone # _____