

2014 SHORELINE TEAM TENNIS APPLICATION
\$75.00 PER TEAM
DUE APRIL 10, 2014

This application **must be filled out for your team**. Please complete one application (answer all questions for each participating team) and return with a check payable to **Shoreline Team Tennis** in the appropriate amount as soon as possible, but no later than April 5, 2013 (PLEASE!), to:

Shoreline Team Tennis
c/o Karen Edidin, Coordinator
605 Harris Drive
Buffalo Grove, IL 60089
847-650-5819

Team Suburb/Park District/Name: _____

Division Requested:

_____ **Returning Team (same Division)** _____ **New Team (including teams that are requesting to move to a new Division)**

____ **Women's AI** ____ **Women's All** ____ **Women's BI** ____ **Women's BII**

____ **Men's Red** ____ **Men's White** ____ **Men's Blue**

Captain

Name: _____

Address: _____

_____ Zip _____

**e-mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Co-Captain*

Name: _____

Address: _____

_____ Zip _____

**e-mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

***It is required that this application** includes a co-captain who can be reached if the captain is unavailable.

****If the captain does not have an e-mail address, please give the name and e-mail address of some member of the team who would be willing to receive e-mail messages. NO TEAM WILL BE ACCEPTED UNLESS A CO-CAPTAIN IS LISTED WITH FULL INFORMATION.**

Please answer the following questions as completely as possible: (use back of page as needed)

Where will matches be played? (Please give specific location and directions.) For those park districts with multiple teams in same divisions, please provide at least 2 locations.

What other teams share your courts at the same time? (Please try to minimize number of teams sharing locations-may result in additional "away" matches.)

Are there any other events affecting court or player availability such as park district tournaments or holidays? (Give specific dates.)