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INTERSECTIONAL

FINAL EVENT REPORT

Event _____

Event Dates: _____ 20 ____

Circle appropriate responses

Host Section: Age Division: Gender
USTA/NE OPEN 30 35 40 45 Men
USTA MS
ETA 50 55 60 65 70 Women
USTA/MA
NATIONALS

Host site: _____
FACILITY
CITY STATE

USTA/MS Captain: _____

Number participating teams: _____ RESULTS: 1ST _____ 2ND _____ 3RD _____

Format: # Singles _____ # Doubles _____ 4TH _____ 5TH _____ 6TH _____

List participating players on reverse side Photo of team taken for yearbook? _____ Enclosed? _____

Next Year Host Section: Site: Tentative Dates: USTA MS Team Coordinator:

Notes from the captains' meeting: (Middle States must be advised of any proposed changes to existing rules)

Type of awards presented: _____

Favors/door prizes/gifts: _____

Evening activities: _____

Dinners/lunches/snacks: _____

Additional comments: _____

ATTACH FINANCIAL REPORT and MATCH RESULTS AND SUBMIT TO USTA MS