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ROSTER
Intersectional Team Event

Section: _____ Age Division: _____ Event Dates: _____ 20 _____

Captain: _____ Phone: H (_____) _____

Address: _____ W (_____) _____

_____ F (_____) _____

_____ CITY ST ZIP (e-mail) _____

All players must be members in good standing of the USTA. This final roster must be turned in at the tournament site

	NAME	USTA #	Expires	Tennis info (ranking, titles, etc.)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____

