

**CCS GIRLS TEAM TENNIS
OFFICIAL ENTRY/LINEUP**

(required for all participating teams)



SCHOOL NAME _____ **LEAGUE:** _____

All those wishing to enter the CCS Girls Team Tennis Championships **SHALL** complete the form below and submit it the CCS Office prior to the beginning of the CCS Girls Team Tennis Seeding Meeting on **NOVEMBER 06, 2010**.

Those not submitting this completed form by the deadline will not be entered in these CCS Play-offs.

1. REQUIRED INFORMATION*

*COACH _____
please print first and last name

*Home Phone# (_____) _____ *OVERALL SEASON RECORD ____ - ____ - ____

*Work Phone# (_____) _____ *LEAGUE RECORD ____ - ____ - ____

Cell Phone # (_____) _____ *LEAGUE FINISH _____

E-MAIL: _____ *Co Champ? _____ Tri Champ? _____

2. COACH'S STATEMENT (*signature required)

By my signature below, I attest that the information provided on this form about our school team is accurate to the best of my knowledge. I further understand that if it is discovered that anyone associated with our school knowingly provided false information herein, serious and negative consequences will affect our school's athletic program and our participation in the CCS Play-offs, per CIF and CCS Fraud Bylaws.

*Head Coach Signature _____ Date _____

3. TEAM ROSTER & LINE-UPS — See Tennis Bylaws, Section 4.C

Each team shall submit a written team roster at the Seeding meeting, and a written line-up to the opposing coach and the Site Director at every round of play.

SINGLES

(type or print neatly first and last names)

DOUBLES

(type or print neatly first and last names)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- Alt _____
- Alt _____
- Alt _____
- Alt _____
- Alt _____

- 1. _____ / _____
- 2. _____ / _____
- 3. _____ / _____
- Alt _____
- Alt _____
- Alt _____
- Alt _____
- Alt _____

CCS FAX: 408-224-0476 or e-mail Howard: hjensen@cifccs.org

(E-mailed forms must be followed by completed, signed hard copy delivered or faxed to CCS.)