

**CCS GIRLS TEAM TENNIS
OFFICIAL ENTRY/LINEUP**
(required for all participating teams)



SCHOOL NAME _____ **LEAGUE:** _____

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? _____ or Tri Champ? _____

2. COACH'S STATEMENT (*signature required)

By my typed "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 _____

I understand the terms above and verify that my name is accurate: _____ must click "yes" before proceeding

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 first and last names)

DOUBLES
(type first and last names)

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

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