

Southern Crescent Junior Team Tennis
Team Profile Form

Captain _____ Home Number _____ Cell Number _____

Team # _____ Age Division _____ E-mail _____

Players Name	NTRP Rating	Tournament Player Y/N	State Ranking
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

This form must be completely filled in and turned in to the local league coordinator or this team will not be accepted for scheduling for the league season. Once this form is completed and turned in any additional add on players must be approved by the local league coordinator.

This statement verifies that each player on the USTA Jr. Team Tennis team noted above has been rated according to the NTRP Guidelines and that all the rules regarding ranked players have been followed. I understand that no player can play in a level lower than their NTRP rating. I also understand that if there are any violations, players may be disqualified and any points won by an ineligible player will be awarded to the opponent.

I ACKNOWLEDGE TO THE BEST OF MY ABILITY THAT THE INFORMATION ON THIS TEAM PROFILE FROM IS ACCURATE. I ALSO UNDERSTAND THAT THE LOCAL LEAGUE COORDINATOR CAN PLACE THIS TEAM AT ANOTHER LEVEL IF NECESSARY.

Signature of Team Captain

Date