

SONOMA NAPA MARIN WOMEN'S TENNIS LEAGUE

TEAM INFORMATION

This form completed by the TEAM CAPTAIN

Team Name: _____ Division: _____ Year: _____

TEAM CAPTAIN

Name: _____

E-Mail: *(Required)* _____ Home Phone: *(Required)* _____

Work Phone: _____ Cell Phone: _____

Captain's Signature: _____ Date: _____

CO-CAPTAIN *(Required)*

Name: _____

E-Mail: *(Required)* _____ Home Phone: *(Required)* _____

Work Phone: _____ Cell Phone: _____

TEAM CAPTAIN,

It is your responsibility to make sure this TEAM INFO form and the TEAM ROSTER & PLAYER PROFILE form are delivered to your CLUB REPRESENTATIVE by the deadline.

For **APPLICATION DEADLINE** and **MAILING ADDRESS**
information go to the League Website:

www.snmwtl.com