

SONOMA NAPA MARIN WOMEN'S TENNIS LEAGUE

CLUB APPLICATION FORM

This form completed by the CLUB REP

Year: _____

Name of Club: _____ Address: _____

Club Phone: _____ Club Fax: _____

Club E-Mail: _____ Club Web Address: _____

CLUB REPRESENTATIVE TO THE LEAGUE Name: _____

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

Work Phone: _____ Cell Phone: _____

Team Name / Division	Number of Players	Team Entry Fee = \$50

The following MUST be included with this APPLICATION:

- A completed TEAM INFO form for each team entered.
- A completed TEAM ROSTER & PLAYER PROFILE form for each team entered.
- A check(s) for the TOTAL ENTRY FEES due.
Make checks payable to: Sonoma Napa Marin Tennis League

MAILING ADDRESS: SNMWTL, P.O. Box 2040, Santa Rosa, CA 95405
For **APPICATION DEADLINE** information go to the League Website:

www.snmwtl.com