

Sonoma Napa Marin Women's Tennis League
CLUB APPLICATION FORM

This form completed by the CLUB REP

Name of Club: _____ Address: _____

Club Phone (required): _____ Club Email: _____

CLUB REPRESENTATIVE TO LEAGUE

Name: _____

Phone Number (required): _____.

Email(required): _____

<u>Team Name/Division</u>	<u># of Players</u>	<u>Team Fee = \$75</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Due _____

Make Checks Payable to SNMWTL

Mail Checks and Paperwork to: SNMWTL, P.O. Box 2040, Santa Rosa, CA. 95405

For more information see the league website: snmwtl.com