



2010 Captains' Form

Name: _____

Contact Numbers: _____

Email: _____

League: _____ **Level:** _____

NTA Team Number: _____

Practice Court Times (times for M-F are 6-7:30 or 7:30-9 p.m. or anytime Sun.):

1st: Choice: _____

2nd: Choice: _____

3rd Choice: _____

Team Clinic: **yes** _____ **no** _____

DTC Pass Holder: **yes** _____ **no** _____

Coordinator signature: _____