



# Sudbury Valley Junior Tennis League

## APPLICATION

(Please complete this form by May 15th)

Club Name: \_\_\_\_\_ Email \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Club Phone: \_\_\_\_\_ Court Phone: \_\_\_\_\_

*Please print the name of the person responsible for managing your team.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Send Mail to: Home: \_\_\_\_\_ Club: \_\_\_\_\_

Personal Email Address \_\_\_\_\_

### Assistants

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please list the club president, tennis committee chairperson, or anyone else, other than those mentioned above who would like league literature sent to them during the season.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please make sure you add the area code to all the phone numbers.**

League Dues: \$200.00 per club

Please make check payable to:  
Nancy K. Mills

Mail check and completed application along with any comments to:  
Nancy K. Mills  
6 Indian Head Road  
Framingham, Ma. 01701