



Orange County 2010 USTA Adult Super Senior League Team Information Sheet

BY APRIL 2, 2010 Fax to HEIDI @ 714-838-1484 or, e-mail to me at:

heidi.stryker3@gmail.com

*****Make sure you check with your facility director for before you fax this in. If you ever make any changes, please make them on your original sheet, and refax The entire form and indicate Revision #..... at the top right of the form.**

*****Requests made on this she are only requests. Not all requests will be granted*****

CAPTAIN: _____ Level: _____

Your Phone: _____ Your E-Mail: _____

Check to see that your address phone and e-mail are correctly listed on your roster when you register... if not, send an e-mail to the usta at memberservices@usta.com to have it fixed.

Co-Captain: _____ CC E-Mail: _____

Your Facility: _____ Facility Phone: _____

Facility Director: _____ Facility E-mail: _____

DAY(S) TO PLAY HOME MATCHES: _____ TIME(S) OF HOME MATCHES: _____

Alternate days & times available to play home matches, i.e. Tuesday mornings, after pac sun ends

How Many Total Courts are available at your facility for home matches DURING your time slot? _____

DATES NOT AVAILABLE @ YOUR FACILITY: (Check April - Nov 14)

Date:	Event:	Date:	Event:
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____

DATES YOUR TEAM WOULD LIKE A BYE:

Most bye requests will need to be rescheduled between captains within the first seven days after the schedules come out. After that, she schedules become final. List in order of importance:

Date:	Event:	Date:	Event:
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

Are you ok playing approximately half your matches in Spring, taking a break during summer, (when Seniors play,) and playing the rest of your matches in the fall? **Yes or No**

Anything else you would like me to know about your team and/or their needs?

(Attach additional sheet if necessary.)