WTTA APPLICATION FOR NEW CLUB

NAME OF CLUB:		
ADDRESS:		
PHONE:		
E-MAIL:		
DIRECTOR OF TEN	NIS:	
HEAD PRO:		
NUMBER OF OUT	DOOR HARD COURTS:	
PLAYERS MUST HA	AVE ACCESS TO RESTROOMS AT THE COURT SITE AND WATER MI	UST BE PROVIDED ON
NUMBER OF TEAM	IS EXPECTED:	
CLUB REPRESENTA	ATIVE TO SERVE ON WTTA BOARD:	
REP PHONE:	REP EMAIL:	
DIRECTIONS TO CL	UB:	