

PATTA Local Leagues Mail-In Registration

Please fill out the form below and mail to:
Philadelphia Area Team Tennis Association
PO Box 612
Lionville, PA 19353

Make \$85** check payable to: Philadelphia Area Team Tennis Association
(NOTE- Please note that refunds are only granted in the case of injury, illness or low-league turnout (under 4 players registered). Please make sure your schedule is clear for this program BEFORE registering your child)

Player Name: _____ Gender: Boy / Girl

Parent Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

E-mail Address _____

School: _____ Grade: _____ T-shirt Size _____

Birthdate: _____ Right Handed OR Left Handed (Circle One)

Check Locations and Divisions you wish to participate at:

Locations:

Downingtown West Chester Central Delco

Twin Valley Southwest Chesco

Divisions:

8&u Red 11-14 Green (Twin Valley not available)

10&u Orange

13-16 Yellow (Only in SW Chesco)

Does your child have any tennis experience?

Does your child have a preference to be on a team with someone else? If so who?

Check here if you are interested in being on the list for Spring InterLeague Days (A few days per season where players in each league can play against players in other areas)

Check here if you are interested in a free membership from United States Tennis Association which partners with us for equipment and programming.

The Philadelphia Area Team Tennis Association sometimes takes pictures and videos of teams and matches in local leagues to celebrate and promote the growth of the programs. Are you alright with this for your child?

Yes, I am alright with PATTA taking pictures and videos of my child

No, please do not take pictures or videos of my child