

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 \$90** 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 ___Southwest Chesco ___Central Delco

Divisions:

___Red Ball ___Orange Ball ___Green Ball

Does your child have any tennis experience?

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

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