

## 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 \$87\*\* 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)*

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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  Southwest Chesco

### Divisions:

8&u Red  10&u Orange  11-14 Green  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?  
\_\_\_\_\_

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**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