CONTRA COSTA TENNIS ASSOCIATION
2005 ADULT TEAM LEAGUE
REGISTRATION FORM

Name _____

Address _____

City _____ *Zip* _____

Home Phone _____ *Work Phone* _____

Cell _____ *Email* _____

T shirt Size: O M O L O XL O XXL

Current USTA rating: O 2.5 O 3.0 O 3.5 O 4.0 O 4.5 O 5.0 O 5.5

T shirt Type: O Regular O V-neck* O Tank top*

*V-neck and tank top in women's style only

I would like to enter the following division:

O Women's 2.5 O Women's 3.0 O Women's 3.5 O Women's 4.0

O Men's 3.0 O Men's 3.5 O Men's 4.0

I am a: O Returning CCTA Member ($25) O NEW Member ($25)

Team I am Registering to Play For: _____

Tennis Club or Facility My Team is Affiliated with: _____

My Team Captain is: _____

How did you hear about this league?

O I've played before
O From someone else who has played before
O Email/internet
O This brochure
O Other _____

How many years have you played in this league?

This will be my: O 3rd year O 2nd year O 1 st year

Please make checks payable to CCTA and send to: Contra Costa Tennis Association
1170 Redfern Court, Concord, CA 94521-4739.

Questions? Call John Bondon at (925) 210-2242 or email info@ccta.cc.
REGISTER ON-LINE AT www.ccta.cc