

**UNIVERSITY INTERSCHOLASTIC LEAGUE
OFFICIAL TEAM TENNIS LINE-UP ENTRY FORM
(Duplicate As Needed)**

School _____ Conference _____ District _____
Coach _____ Date _____ Region _____
Email _____
Phone _____

Check one:

**District Bi-District Area Regional
Quarterfinal Regional State**

BOYS SINGLES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

GIRLS SINGLES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

BOYS DOUBLES

- 1a. _____
- b. _____
- 2a. _____
- b. _____
- 3a. _____
- b. _____

GIRLS DOUBLES

- 1a. _____
- b. _____
- 2a. _____
- b. _____
- 3a. _____
- b. _____

MIXED DOUBLES

- 1a. _____
- b. _____

CERTIFICATION: I hereby certify that the school named has paid its League membership fee for the current school year and that the contestants entered are eligible according to Section 440 and 441 of the *Constitution and Contest Rules*. Superintendent or designated administrator signature:
