

UNIVERSITY INTERSCHOLASTIC LEAGUE

TENNIS DISTRICT RESULTS FORM

CHECK ONE:

DISTRICT

GIRLS

DISTRICT _____

BOYS

REGION _____

CONFERENCE _____

Please fax or email results to the director of the regional tournament and keep a copy for your files.
First and second place singles and doubles qualify for the regional tournament. If a qualified contestant or team cannot participate, then an alternate place winner shall be notified. **Please type or print FULL names of contestants.**

DOUBLES:

City and School		Names
1 _____		_____

	Substitute	_____
2 _____		_____

	Substitute	_____
Alt 3 _____		_____

	Substitute	_____
Alt 4 _____		_____

	Substitute	_____

MIXED DOUBLES:

City and School		Names
1 _____		_____

	Substitute	_____
2 _____		_____

Alt 3 _____

Substitute

Alt 4 _____

Substitute

Substitute

SINGLES:

City and School

Names

1 _____

Substitute

2 _____

Substitute

Alt 3 _____

Substitute

Alt 4 _____

Substitute

CERTIFICATION: I hereby certify that I am the district meet director or am acting on his/her behalf and that the above report is true and correct.

Director: _____ Address: _____

Email: _____ Cell # _____