

# UNIVERSITY INTERSCHOLASTIC LEAGUE

## TENNIS REGIONAL RESULTS FORM

CHECK ONE:

REGIONAL

GIRLS

REGION \_\_\_\_\_

BOYS

CONFERENCE \_\_\_\_\_

Please fax or email results to the director of the state tournament ([jgarmon@uiltexas.org](mailto:jgarmon@uiltexas.org) and [sjohnson@uiltexas.org](mailto:sjohnson@uiltexas.org)) and keep a copy for your files. First, second, and third place singles and doubles qualify for the state 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      | _____ |
| 3 _____         | _____ |
|                 | _____ |
| Substitute      | _____ |
| Alt 4 _____     | _____ |
|                 | _____ |
| Substitute      | _____ |

### MIXED DOUBLES:

| City and School | Names |
|-----------------|-------|
| 1 _____         | _____ |
|                 | _____ |
| Substitute      | _____ |
| 2 _____         | _____ |
|                 | _____ |

3 \_\_\_\_\_

Substitute

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alt 4 \_\_\_\_\_

Substitute

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute

\_\_\_\_\_

**SINGLES:**

City and School

Names

1 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute

2 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute

3 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute

Alt 4 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute

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

Director: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell # \_\_\_\_\_