



2017 “John Cadwallader Memorial”
GETA Summer Doubles League
Team Registration

Team Name: _____ **Division:** _____ (A, B, C, D)
Team Captain: _____ Date of Birth ____/____/____
Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____
e:mail address: _____

Player 2: _____ Date of Birth ____/____/____
Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____
e:mail address: _____

Player 3: _____ Date of Birth ____/____/____
Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____
e:mail address: _____

Player 4: _____ Date of Birth ____/____/____
Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____
e:mail address: _____

Player 5: _____ Date of Birth ____/____/____
Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____
e:mail address: _____

All matches will be played Tuesday and Thursday evenings at 6:00pm at the Elmira Free Academy High School, Horseheads High School, or Town of Elmira tennis courts in West Elmira. **Any players 17 and under are required to fill out a “Contact Information for Medical Emergencies” form prior to playing in their first match.**

Registration Fee (\$25.00/team). **Also, each player on the team must be a member of GETA.**

****May GETA use league photos of you/your team for advertising purposes? Y/N
(Please confirm with all players on your team)

Please send entries in **no later than Friday, May 13th** to:

Gary Marshall
820 B West Gray Street
Elmira, NY 14905