

# 2009 CAPE COD JUNIOR TENNIS SERIES APPLICATION

NAME OF PARTICIPANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

EVENT \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE AT TIME OF COMPETITION \_\_\_\_\_

FEE ENCLOSED \$ \_\_\_\_\_ (Make checks payable to John Maloy.)

BRIEF TENNIS HISTORY (ranking, USTA experience, beginner, etc)

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Mail to John Maloy, P.O. Box 153, Cotuit, MA 02635