

Tournament:

ID#:

Start Date:



**COMPLETE AND RETURN WITHIN 10 DAYS TO:**

USTA/Virginia Tennis, Attention: Robert Issem

FAX 888-310-8858 MAIL 3229 Brandon Ave SW#6, Roanoke, VA 24018

**PLAYER DEFAULT / WITHDRAWAL FORM**

Player's Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ USTA# \_\_\_\_\_

Division (Examples: Boy's 12, Women's 35, NTRP 3.5 Men's Doubles, etc.) \_\_\_\_\_

Round (first or subsequent): \_\_\_\_\_

Player's name you defaulted to: \_\_\_\_\_

Reason for withdrawal/default: \_\_\_\_\_

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

Signature \_\_\_\_\_

**CODE OF CONDUCT REPORT**

Player's Name \_\_\_\_\_ Division \_\_\_\_\_

USTA# \_\_\_\_\_ Date of Infraction \_\_\_\_\_

Violation:

Warning     Point     Game     Default

Description of Violation: \_\_\_\_\_

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

Referee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Player's Signature \_\_\_\_\_

Date \_\_\_\_\_

Each violation (including a warning) incurs a point penalty.