

Tournament:

TID#:

Start Date:

USTA/VIRGINIA TENNIS

PLAYER WITHDRAWAL FORM

Player's Name _____ Date _____

Address _____

Phone _____ USTA# _____

Age Group (Please check appropriate box and circle category)

Boys Girls 12 Boys Girls 14 Boys Girls 16 Boys Girls 18

Round (first or subsequent): _____

Player's name you defaulted to: _____

Reason for withdrawal/default: _____

Signature _____

CODE OF CONDUCT REPORT

Player's Name _____ Age Group _____

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.

COMPLETE AND RETURN WITHIN 10 DAYS TO:

USTA/Virginia Tennis, Attention: Robert Issem, 3229 Brandon Ave SW, Suite 6, Roanoke, VA 24018