

# UNIVERSITY INTERSCHOLASTIC LEAGUE

## TENNIS DISTRICT RESULTS FORM

### CHECK ONE:

☐

DISTRICT

☐

GIRLS

DISTRICT \_\_\_\_\_

☐

BOYS

REGION \_\_\_\_\_

CONFERENCE \_\_\_\_\_

**Please fax or email results to the director of the regional tournament and keep a copy for your files.**

First and second place singles and doubles qualify for the regional 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 \_\_\_\_\_

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

2 \_\_\_\_\_

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

Alt 3 \_\_\_\_\_

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

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

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

### MIXED DOUBLES:

City and School

Names

1 \_\_\_\_\_

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

2 \_\_\_\_\_

\_\_\_\_\_

Alt 3 \_\_\_\_\_

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

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

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

**SINGLES:**

City and School

Names

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

Alt 3 \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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