UNIVERSITY INTERSCHOLASTIC LEAGUE TENNIS RESULTS FORM

CHECK ONE:	
DISTRICT	Conference
REGIONALS	Region
STATE	District
Please fax or email results to the director of the	e next highest tournament and keep a copy for your files.
contestant or team cannot participate, then an Substitutions may be made for illness, injury, a school for misconduct. A substitution should on	qualify to the next highest tournament. If a qualified a alternate place winner shall be notified. Exception: cademic ineligibility, or if a student is penalized by the ly occur for one member of the doubles team and shall be If both qualified members of a doubles team are unable
BOYS DOUBLES:	
City and School	First & Last Names
1	
2	<u> </u>
Alt 3	
Alt 4	
GIRLS DOUBLES:	
City and School	First & Last Names
1	
2	
Alt 3	
Δ1t 4	

MIXED DOUBLES:	
City and School	First & Last Names
1	
2	
Alt 3	
Alt 4	
BOYS SINGLES:	
City and School	First & Last Name
1	
2	
Alt 3	
Alt 4	
GIRLS SINGLES:	
City and School	First & Last Name
1	
2	
Alt 3	
Alt 4	
CERTIFICATION: I hereby certify that I am the tournament director above report is true and correct.	or or am acting on his/her behalf and that the
Director's Name	
Email	