# UNIVERSITY INTERSCHOLASTIC LEAGUE <br> TENNIS RESULTS FORM 

## CHECK ONE:

DISTRICT
REGIONALS
STATE

Conference $\qquad$
Region $\qquad$
District $\qquad$

Please fax or email results to the director of the next highest tournament and keep a copy for your files.
First and second place singles and doubles qualify to the next highest tournament. If a qualified contestant or team cannot participate, then an alternate place winner shall be notified. Exception: Substitutions may be made for illness, injury, academic ineligibility, or if a student is penalized by the school for misconduct. A substitution should only occur for one member of the doubles team and shall be from the school's Varsity Sport Eligibility Form. If both qualified members of a doubles team are unable to play, the alternate team should be contacted.

## BOYS DOUBLES:

City and School
1 $\qquad$
First \& Last Names
$\qquad$
$\qquad$
$\qquad$
$\qquad$
Alt 3 $\qquad$
$\qquad$
$\qquad$
Alt 4 $\qquad$
$\qquad$
$\qquad$

## GIRLS DOUBLES:

City and School
First \& Last Names

1 $\qquad$
$\qquad$
$\qquad$
2 $\qquad$
$\qquad$
$\qquad$
Alt 3 $\qquad$
$\qquad$
$\qquad$
Alt 4 $\qquad$
$\qquad$
$\qquad$

## MIXED DOUBLES:

City and School
1 $\qquad$
First \& Last Names
$\qquad$

2 $\qquad$
$\qquad$
$\qquad$

Alt 3 $\qquad$
$\qquad$
$\qquad$
Alt 4 $\qquad$
$\qquad$
$\qquad$

BOYS SINGLES:
City and School
First \& Last Name
1 $\qquad$
$\qquad$
2 $\qquad$
$\qquad$
Alt 3 $\qquad$
$\qquad$
Alt 4 $\qquad$
$\qquad$

## GIRLS SINGLES:

City and School
First \& Last Name
1 $\qquad$
$\qquad$

2 $\qquad$
$\qquad$
Alt 3 $\qquad$
$\qquad$
Alt 4 $\qquad$
$\qquad$

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

Director's Name $\qquad$

Email $\qquad$

Cell Phone No. $\qquad$

