

OHIO TENNIS COACHES' ASSOCIATION MEMBERSHIP FORM



NAME: _____

TITLE: Head Coach Boys _____ Girls _____ Both _____

Assistant Coach / JV Coach Boys _____ Girls _____ Both _____

HOME ADDRESS: _____

Address

_____ City

_____ State

_____ Zip Code

PREFERRED EMAIL ADDRESS: _____

PREFERRED PHONE NUMBER: _____

SCHOOL: _____

DIVISION: I _____ II _____

DISTRICT: NE _____ NW _____ SW _____ C/E/SE _____

YEARS COACHING: BOYS _____ GIRLS _____ **RECORD:** BOYS _____ GIRLS _____

BOYS' TEAM TOURNAMENT

_____ Enter my team
_____ DO NOT enter my team

GIRLS' TEAM TOURNAMENT

_____ Enter my team
_____ DO NOT enter my team

Boy's mail applications and checks must be received by
FEBRUARY 21, 2017

Girl's mail applications and checks must be received by
MAY 21, 2017

MEMBERSHIP FEE -- \$25.00
Make checks payable to: **OTCA**

Amount Enclosed: _____

Mail To: Scott Long
1485 Delynn Drive
Centerville, OH 45459