

NEW TEAM FORM		WTTA	DATE: _____	CLUB: _____	TEAM NAME: _____								
PLAYER #		LAST NAME	FIRST NAME										
1													
2													
3													
4													
5													
6													
7													
8													
SUBMIT COMPLETED FORM TO YOUR CLUB REPRESENTATIVE.													
COMMENTS ON TEAM FOR PLACEMENT:													
FLIGHTS REQUESTED:													
FIRST CHOICE: _____		SECOND CHOICE: _____			THIRD CHOICE: _____								
TEAMS WILL ONLY BE PLACED IN FLIGHTS THAT THEY HAVE LISTED.													
IF THE PLACEMENT COMMITTEE DOES NOT FEEL YOUR PLACEMENT IS APPROPRIATE IN ANY OF THE FLIGHTS YOU HAVE LISTED,													
YOUR TEAM WILL NOT BE PLACED FOR THE FOLLOWING SEASON AND WILL NOT PARTICIPATE IN THE WTTA LEAGUE.													