

Provincial Asso	ociation:	Date:			
Team Name: [
Team Captain					
FIRST NAME	SURNAME	CLUB NAME	TELEPHONE	EMAIL	DOB
		+			

Please submit entry form to your Provincial Tournament Director Who will verify your entry and register it onto the Tennis SA Sporty HQ Platform.

Provinc	cial Tournament Director:		
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Email:			
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Cell:			

A full and comprehensive schedule of play will be prepared and sent to relevant

teams prior to matches.

For more information or queries, please do not hesitate to contact either:

- Ridhwaan Dawood <u>ridhwaan@tennissa.co.za</u> or
- Ephraim Motsiane ephraim@tennissa.co.za directly.

