

# 2018 Sectional Championship Team Confirmation Form

League: \_\_\_\_\_

Team Name: \_\_\_\_\_

District: \_\_\_\_\_

Team Number: \_\_\_\_\_

Level: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

Captain's Mailing Address: \_\_\_\_\_

Captain's Cell Phone Number: \_\_\_\_\_

Captain's Email Address: \_\_\_\_\_

Indicate the players attending Sectionals.

1. \_\_\_\_\_

9. \_\_\_\_\_

2. \_\_\_\_\_

10. \_\_\_\_\_

3. \_\_\_\_\_

11. \_\_\_\_\_

4. \_\_\_\_\_

12. \_\_\_\_\_

5. \_\_\_\_\_

13. \_\_\_\_\_

6. \_\_\_\_\_

14. \_\_\_\_\_

7. \_\_\_\_\_

15. \_\_\_\_\_

8. \_\_\_\_\_

16. \_\_\_\_\_

Please return this form to Sara Yoshinaga at least one (1) week prior to the first day of the Sectional Championship via email at [yoshinaga@hawaii.usta.com](mailto:yoshinaga@hawaii.usta.com).