



MIDDLE STATES
2019
Junior Tournament Request/Change Form
Level 8 and DR-L7 Event

Organization Member Number: _____

Tournament Site Name/Location: _____

Address, City, State, Zip: _____

Tournament Director's Name: _____ Tournament Director's USTA #: _____

Phone: _____ Email: _____

Number of courts used for tournament play: _____ Court Surface: _____

1. Dates: _____ Tournament Name: _____ Level: _____
Divisions/Events Preferred: _____
Entry Fee (if less than the maximum allowed): _____

2. Dates: _____ Tournament Name: _____ Level: _____
Divisions/Events Preferred: _____
Entry Fee (if less than the maximum allowed): _____

3. Dates: _____ Tournament Name: _____ Level: _____
Divisions/Events Preferred: _____
Entry Fee (if less than the maximum allowed): _____

Submit completed form to Laurie Schwepfinger at USTA Middle States via email at
schwepfinger@ms.usta.com or fax to 610.935.5484.