



MIDDLE STATES
2019
Junior Tournament Request/Change Form
SR-L6 / SR-L5 / SR-L4 / SR-L3

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: \_\_\_\_\_ Tourn ID \_\_\_\_\_

TYPE OF TOURNAMENT REQUESTED: SR-L6 \_\_\_\_\_ SR-L5 \_\_\_\_\_ SR-L4 \_\_\_\_\_ SR-L3 \_\_\_\_\_

Divisions/Events Preferred: \_\_\_\_\_

Entry Fee (if less than the maximum allowed): \_\_\_\_\_

\*\*\*\*\*

2. Dates: \_\_\_\_\_ Tournament Name: \_\_\_\_\_ Tourn ID \_\_\_\_\_

TYPE OF TOURNAMENT REQUESTED: SR-L6 \_\_\_\_\_ SR-L5 \_\_\_\_\_ SR-L4 \_\_\_\_\_ SR-L3 \_\_\_\_\_

Divisions/Events Preferred: \_\_\_\_\_

Entry Fee (if less than the maximum allowed): \_\_\_\_\_

\*\*\*\*\*

3. Dates: \_\_\_\_\_ Tournament Name: \_\_\_\_\_ Tourn ID \_\_\_\_\_

TYPE OF TOURNAMENT REQUESTED: SR-L6 \_\_\_\_\_ SR-L5 \_\_\_\_\_ SR-L4 \_\_\_\_\_ SR-L3 \_\_\_\_\_

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.