

# WVSSAC 2011-12



# TENNIS MANUAL FORMS

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# Tennis Information Verification Form

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(Please Print)

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

School: \_\_\_\_\_

\_\_\_\_\_  
(Boys' Coach)

\_\_\_\_\_  
(Girls' Coach)

\_\_\_\_\_  
(Both)

Athletic Director: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

I have received and read the WVSSAC tennis packet materials.

\_\_\_\_\_  
(Coaches Signature)

\_\_\_\_\_  
(Date)

Return this form to the WVSSAC office by March 7, 2011.

**WVSSAC**  
2875 Staunton Turnpike  
Parkersburg WV 26104  
Fax: 304-428-5431

# TENNIS REGIONAL SEEDING MEETING FORM (T4)

Tennis Coach: \_\_\_\_\_  
Name

School: \_\_\_\_\_

I am requesting to be notified of the time and place of the seeding meeting  
for Region \_\_\_\_\_.

Please contact me at:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

-----  
Regional Director will return this portion of the form to the coach.

The Region \_\_\_\_\_ Seeding meeting will be held at \_\_\_\_\_  
Location

on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

**NOTE: If the coach chooses not to use this form and does not attend the seeding meeting, the coach is responsible and the athletes will be placed in a blind draw. If the coach receives no response to this form within six (6) days, each coach must contact the regional director personally.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return form no later than April 1st to the Regional Director.**

# Tennis Seeding Meeting Form

(For Regional Director)

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Region: \_\_\_\_\_

Classification: \_\_\_\_\_

Director's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ / Cell: \_\_\_\_\_ / Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Seeding Meeting

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is due to the WVSSAC office no later than April 6<sup>th</sup>. Upon receipt, the information will be posted on our website.

**WVSSAC**  
**2875 Staunton Turnpike**  
**Parkersburg WV 26104**  
**Fax: 304-428-5431**

## **Coach's Request For Ruling Form Instructions**

If a coach suspects that an action is in violation of USTA regulation or modifications as adopted by the WVSSAC, the coach must submit this form to the Tournament Director/Head Official. Be reminded that the home administration is the game administration in the absence of a designated director or official.

This form is to be used to resolve complaints, violations, etc., before they become part of the match and interrupt the match, tournament, etc., Whenever possible, the form is to be submitted to the game administration prior to the match or immediately upon the action. All inquiries pertaining to uniforms must be submitted to the game administration prior to the start of the match. No forms will be accepted in excess of 10 minutes of the completion of the match.

The decision of the Tournament Director/Head Official will be final. All parties (coaches, players, game administrators, officials, etc.,) are reminded that WVSSAC Rule 127-3-16 is in effect for all contests:

### **WVSSAC Rule 127-3-16 Sports Rules - Game Protests 16.3**

The protest of a game will not be allowed by the Board of Directors when it is based on a judgment decision on the part of an official or even a misinterpretation or misapplication of the rules.

## Coach's Request For Ruling Form

A copy of the form shall be returned to the submitting coach and the coach of the school in question.

**(Indicate type of match)**

Regular Season: \_\_\_\_\_ Regional: \_\_\_\_\_ State: \_\_\_\_\_  
School Name: \_\_\_\_\_

To request a ruling, a coach must cite the Rule, Section, and Article from the USTA Friend at Court or the page from the WVSSAC Tennis Manual which indicates that an action is in violation.

**Friend At Court:**

Rule: \_\_\_\_\_ Section: \_\_\_\_\_ Article: \_\_\_\_\_

**Tennis Manual:**

Page: \_\_\_\_\_

**Alleged Violation:**

\_\_\_\_\_  
\_\_\_\_\_

Coach's Signature and Date: \_\_\_\_\_

**Tournament Director/Official's Ruling:**

Legal: \_\_\_\_\_ Illegal: \_\_\_\_\_

**Explanation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tournament Director/Official's Signature & Date: \_\_\_\_\_

**WVSSAC TENNIS ENTRY FORM  
INDIVIDUAL SINGLES & DOUBLES COMPETITION  
REGIONAL TOURNAMENT**

**REFER TO DIRECTIONS ON BACK OF FORM**

School \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Class \_\_\_\_\_ Region No. \_\_\_\_\_  
 School's Colors \_\_\_\_\_ Nickname \_\_\_\_\_  
 Coach's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 Coach's E-Mail Address \_\_\_\_\_  
 Assistant Coach(es) Name(s) \_\_\_\_\_

1. The purpose of this form is to enter players into the individual singles and doubles regional competition.
2. Each position and player must have played at least 6 team matches in order to qualify.
3. Each participant must also meet all current eligibility rules of the WVSSAC.

**ALL BLANKS(INFORMATION) MUST BE COMPLETED**

Participants are:

<b>Singles</b> (NO ALTERNATES ALLOWED)	Name	Regional Entry Record W-L	Overall Entry Record W-L	# of Times Position Played	# of Times Player Played Position
Number 1	_____	_____	_____	_____	_____
Number 2	_____	_____	_____	_____	_____
Number 3	_____	_____	_____	_____	_____
Number 4	_____	_____	_____	_____	_____

<b>*Doubles</b>	Name	Regional Entry Record W-L	Overall Entry Record W-L	# of Times Position Played	# of Times Player Played Position
Doubles 1	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Doubles 2	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Doubles 3	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**\*Alternates for Doubles Only** NOTE: Alternates are listed in order of ability and substitution. (For Example: #1 alternate must be substituted first)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Use the space below to provide any information needed **to seed** the top four players at each singles position and the top four teams in each doubles position. **Seeding will be done in the following ranked order: 1) Head to head; 2) Number of Regional Matches Played; 3) Common opponents; 4) Strength of opponents played; 5) Overall record.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Coach's Signature \_\_\_\_\_

Athletic Director or Principal's Signature \_\_\_\_\_

**CHECK ENTRY FORM CHECK LIST FOR POSTMARK DATE**  
**If the Regional Entry Form is not received in the WVSSAC office by the due date,**  
**a \$50.00 late fee will be issued to the school.**

Mail or fax **this original** to the WVSSAC office. Make one copy and send it to your regional director.

**\*Match Report Forms** are to be taken to the Regional Tournament coaches' meeting for the purpose of seeding the top four entries at each position.  
 Check **The Interscholastic** for his/her name and address.

**Prior to any doubles play**, alternates (doubles only) who were listed on the Entry Form may be used only in case of **illness** or **injury** and only in the **position of the unavailable player**.

## **DIRECTIONS FOR COMPLETING FORM**

**REGIONAL ENTRY RECORD** - Indicate the record for the **individual** listed on the form.  
This is the **individual's** record for matches against schools in your region.

**OVERALL ENTRY RECORD** - Indicate the record for the **individual** listed on the form.  
This is the **individual's** record for **all** matches regardless of region.

**NUMBER OF TIMES POSITION PLAYED** - This is the number of times the **position** played for the entire regular season regardless of which individual(s) played. This column is the number of matches for the **position** for **all** matches.

## **CHECK ENTRY FORM LIST FOR POSTMARK DATE**

**MAIL TO:**  
**WVSSAC**  
**2875 STAUNTON TURNPIKE**  
**PARKERSBURG, WV 26104-7219**

**WVSSAC TENNIS ENTRY FORM  
INDIVIDUAL SINGLES & DOUBLES COMPETITION  
REGIONAL TOURNAMENT**

**REFER TO DIRECTIONS ON BACK OF FORM**

School \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Class \_\_\_\_\_ Region No. \_\_\_\_\_  
 School's Colors \_\_\_\_\_ Nickname \_\_\_\_\_  
 Coach's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 Coach's E-Mail Address \_\_\_\_\_  
 Assistant Coach(es) Name(s) \_\_\_\_\_

1. The purpose of this form is to enter players into the individual singles and doubles regional competition.
2. Each position and player must have played at least 6 team matches in order to qualify.
3. Each participant must also meet all current eligibility rules of the WVSSAC.

**ALL BLANKS (INFORMATION) MUST BE COMPLETED**

Participants are:

<b>Singles</b> (NO ALTERNATES ALLOWED)	Name	Regional Entry Record W-L	Overall Entry Record W-L	# of Times Position Played	# of Times Player Played Position
Number 1	_____	_____	_____	_____	_____
Number 2	_____	_____	_____	_____	_____
Number 3	_____	_____	_____	_____	_____
Number 4	_____	_____	_____	_____	_____

<b>*Doubles</b>	Name	Regional Entry Record W-L	Overall Entry Record W-L	# of Times Position Played	# of Times Player Played Position
Doubles 1	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Doubles 2	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Doubles 3	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**\*Alternates for Doubles Only** NOTE: Alternates are listed in order of ability and substitution. (For Example: #1 alternate must be substituted first)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Use the space below to provide any information needed to seed the top four players at each singles position and the top four teams in each doubles position. **Seeding will be done in the following ranked order: 1) Head to head; 2) Number of Regional Matches Played; 3) Common opponents; 4) Strength of opponents played; 5) Overall record.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Coach's Signature \_\_\_\_\_

Athletic Director or Principal's Signature \_\_\_\_\_

**CHECK ENTRY FORM CHECK LIST FOR POSTMARK DATE**  
**If the Regional Entry Form is not received in the WVSSAC office by the due date,**  
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Check **The Interscholastic** for his/her name and address.

**Prior to any doubles play**, alternates (doubles only) who were listed on the Entry Form may be used only in case of **illness** or **injury** and only in the **position of the unavailable player**.

## **DIRECTIONS FOR COMPLETING FORM**

**REGIONAL ENTRY RECORD** - Indicate the record for the **individual** listed on the form.  
This is the **individual's** record for matches against schools in your region.

**OVERALL ENTRY RECORD** - Indicate the record for the **individual** listed on the form.  
This is the **individual's** record for **all** matches regardless of region.

**NUMBER OF TIMES POSITION PLAYED** - This is the number of times the **position** played for the entire regular season regardless of which individual(s) played. This column is the number of matches for the **position** for **all** matches.

## **CHECK ENTRY FORM LIST FOR POSTMARK DATE**

**MAIL TO:**  
**WVSSAC**  
**2875 STAUNTON TURNPIKE**  
**PARKERSBURG, WV 26104-7219**

## MATCH REPORT FORM

Coaches are to use this form for all regular season matches. **Match Report Forms** are to be taken to the Regional Tournament coaches' meeting for the purpose of seeding the top four entries at each position.

The WVSSAC reserves the right to request all forms in the event of inappropriate line-up allegations. Coaches will be required to submit these forms and challenge procedures in the event of a reported violation.

**SCHOOL: HOME** \_\_\_\_\_ **vs** **VISITOR** \_\_\_\_\_

**SITE:** \_\_\_\_\_

**DATE OF MATCH** \_\_\_\_\_

	HOME PLAYER(S)	VISITING PLAYER(S)	WINNER	SCORE
#1 SINGLES	_____	_____	_____	_____
#2 SINGLES	_____	_____	_____	_____
#3 SINGLES	_____	_____	_____	_____
#4 SINGLES	_____	_____	_____	_____
#1 DOUBLES	_____	_____	_____	_____
	_____	_____	_____	_____
#2 DOUBLES	_____	_____	_____	_____
	_____	_____	_____	_____
#3 DOUBLES	_____	_____	_____	_____
	_____	_____	_____	_____

**FINAL TEAM SCORE**

Winner	Score	Loser	Score
--------	-------	-------	-------

**COACH**

Home	Visitor
------	---------

**WEATHER CONDITIONS:** \_\_\_\_\_ **12** \_\_\_\_\_

\_\_\_\_\_

# REGIONAL TENNIS SEEDING EIGHT (8) TEAMS





# REGIONAL TENNIS SEEDING TEN (10) TEAMS



# REGIONAL TENNIS SEEDING ELEVEN (11) TEAMS



# REGIONAL TENNIS SEEDING TWELVE (12) TEAMS



# REGIONAL TENNIS SEEDING THIRTEEN (13) TEAMS



# REGIONAL TENNIS SEEDING FOURTEEN (14) TEAMS



# REGIONAL TENNIS SEEDING FIFTEEN (15) TEAMS



# REGIONAL TENNIS SEEDING SIXTEEN (16) TEAMS





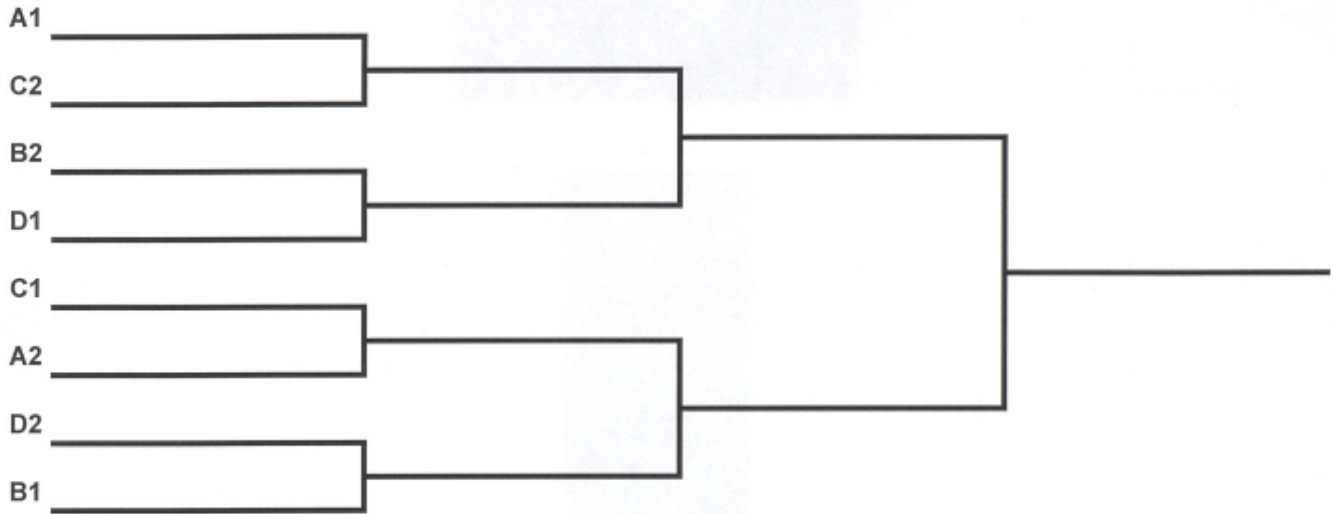
# STATE TOURNAMENT SEEDING #1 SINGLES



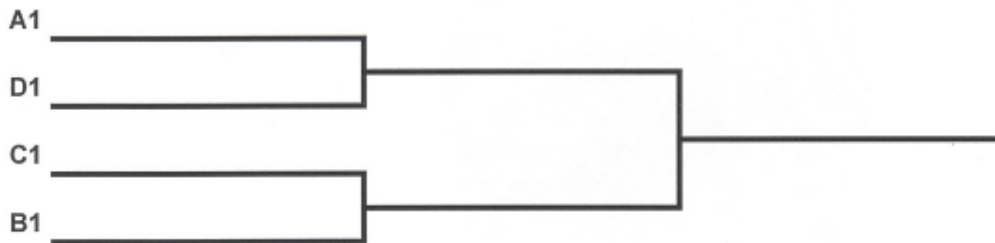
# STATE TOURNAMENT SEEDING #2 SINGLES AND #1 DOUBLES



**STATE TOURNAMENT SEEDING #3 SINGLES  
AND #2 DOUBLES**



**STATE TOURNAMENT SEEDING #4 SINGLES  
AND #3 DOUBLES**





# **West Virginia Secondary School Activities Commission**

**2875 Staunton Turnpike  
Parkersburg, WV 26104-7219**

**Phone: 304/485-5494**

**Fax: 304/428-5431**

**Web Site: [www.wvssac.org](http://www.wvssac.org)**

**E-Mail: [wvssac@wvssac.org](mailto:wvssac@wvssac.org)**

**Gary Ray, Executive Director**

**C. W. Powell, Assistant Executive Director**

**Kelly A. Geddis, Assistant Executive Director**

**Ray Londeree, Assistant Executive Director**

