

WVSSAC 2013-14



TENNIS MANUAL FORMS

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Tennis Information Verification Form

(Please print)

School: _____

Head Coach: _____

(Boys Coach)

(Girls Coach)

(Both)

Asst. Coach: _____

(Boys Coach)

(Girls Coach)

(Both)

Athletic Director: _____

E-Mail: _____

Phone: _____

Cell: _____

I have received and read the WVSSAC tennis packet materials.

(Coaches Signature)

(Date)

(Coaches Signature)

(Date)

Return this form to Heather Enoch by Monday, March 10, 2014

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

Tennis Regional Seeding Meeting Form Due by April 4th to the Regional Director

Tennis Coach: _____

School: _____

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

Please contact me at:

Address:

Phone: (H) _____ (W) _____ (C) _____

Email: _____

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.

All seeding meeting dates are posted on the WVSSAC website. It is ultimately the coaches responsibility to check the website for the meeting dates, locations and times.

(Signature)

(Date)

Tennis Seeding Meeting Form

(For Regional Director)

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 9th. 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 this 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.

USTA Friend At Court

Rule: _____ Section: _____ Article: _____

WVSSAC Tennis Manual

Page #: _____

Alleged Violation:

Coach's Signature: _____ 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

Form 21
Boys

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.
4. Teams must play at least 50% of the teams within their assigned region to be eligible to participate in the regional seeding process.

ALL BLANKS (INFORMATION) MUST BE COMPLETED

Participants are: Singles (NO ALTERNATES ALLOWED) Played Position	# Teams Played Name	Regional Entry in Region	Overall Entry Record W-L	# of Times Record W-L	# of Times Player Position Played
Number 1 _____	_____	_____	_____	_____	_____
Number 2 _____	_____	_____	_____	_____	_____
Number 3 _____	_____	_____	_____	_____	_____
Number 4 _____	_____	_____	_____	_____	_____

*Doubles	Name	# Teams Played in Region	Regional Entry Record W-L	Overall Entry Record W-L	# of Times Position Played	# of Times Player Position Played
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 and that school's players will not be entered in the seed draw for the top four positions.

All players of the violating school will be placed in the blind draw.

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

Form 22
Girls

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.
4. Teams must play at least 50% of the teams within their assigned region to be eligible to participate in the regional seeding process.

ALL BLANKS (INFORMATION) MUST BE COMPLETED

Participants are:	# Teams Played	Regional Entry	Overall Entry	# of Times	# of Times Player
<u>Singles</u> (NO ALTERNATES ALLOWED) Played Position	Name	in Region	Record W-L	Record W-L	Position Played
Number 1 _____	_____	_____	_____	_____	_____
Number 2 _____	_____	_____	_____	_____	_____
Number 3 _____	_____	_____	_____	_____	_____
Number 4 _____	_____	_____	_____	_____	_____

<u>*Doubles</u>	# Teams Played	Regional Entry	Overall Entry	# of Times	# of Times Player
Name	in Region	Record W-L	Record W-L	Position Played	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 and that school's players will not be entered in the seed draw for the top four positions.

All players of the violating school will be placed in the blind draw.

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

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: _____

REGIONAL TENNIS SEEDING EIGHT (8) TEAMS



REGIONAL TENNIS SEEDING NINE (9) 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



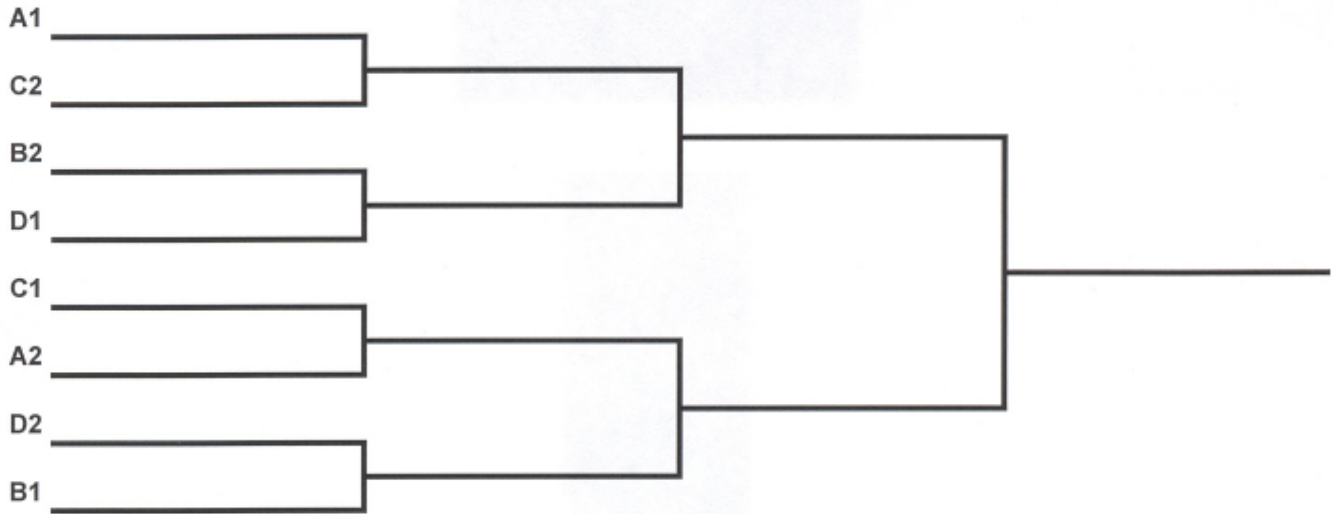
STATE TOURNAMENT SEEDING #1 SINGLES



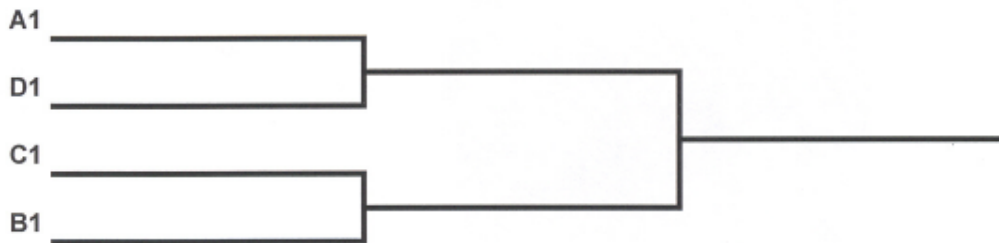
STATE TOURNAMENT SEEDING #2 SINGLES AND #1 DOUBLES



**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

E-Mail: wvssac@wvssac.org

Gary Ray, Executive Director

C. W. Powell, Assistant Executive Director

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Ray Londeree, Assistant Executive Director

