

**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 CHECK LIST FOR POSTMARK DATE**

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