

Port Alfred Tennis Club Championship Entry Form

Participant Information:

Name:

Age:

Gender:

Email:

Phone Number:

Championship Category:

Men's Singles

Women's Singles

Men's Doubles

Women's Doubles

Mixed Doubles

Skill Level:

Beginner

Intermediate

Advanced

Partner Information (If registering for Doubles/Mixed Doubles):

Partner's Full Name:

Partner's Contact:

Declaration:

I hereby acknowledge that I have read and understood the rules and regulations governing the Port Alfred Tennis Club Championships.

Signature: [Digital/Handwritten]

Date: