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**2024 USTA Atlanta JTT State Qualifier**

**REGISTRATION FORM**

**CAPTAIN NAME:**

**CAPTAIN USTA ACCOUNT #:**

\*Captain must have SafePlay clearance or SafePlay must be in progress.

**EMAIL:**

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**PHONE NUMBER:**

**TEAM NAME:**

**DIVISION (AGE GROUP/LEVEL):**

**\*\*Be sure deposit check is included with this form.**

**\*\*You will be notified once the form and deposit check are received.**

**Thank you for registering for the USTA Atlanta JTT Qualifier!**