



ATLANTA  
JUNIOR TEAM TENNIS

## **2025 USTA Atlanta JTT State Qualifier**

### **REGISTRATION FORM**

**CAPTAIN NAME:**

**CAPTAIN USTA ACCOUNT #:**

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

**EMAIL:**

**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!**