CSRA Women's Tennis League Roster

SEASON _____ **LEVEL** _____ **CLUB NAME** _____

CAPTAIN _____
Name, Phone, Cell Phone, & Email

Co-CAPTAIN _____
Name, Phone, Cell Phone, & Email

NOTE: If a player's dues were paid to another team, please identify the team in the Comments section.

Name (Last, First)	Address	Phone	Sub?	Date Added	Dues Paid?	Comments