

Club Initials \_\_\_\_\_

## Queen City Tennis League: Team Application

*QCTL By Laws excerpt: ARTICLE II. Membership*

### **Section 1. Member Organizations.**

Organizations participating in the Queen City Tennis League must pay dues set by their Board.

- (a) New organizations must be approved by the board.
- (b) Member organizations must be located in Charlotte Metro area.
- (c) Players must be full dues paying members, age 19 and over.
- (d) Each organization must provide sufficient courts, on or off site, water, restrooms and public phones.
- (e) Players belonging to more than 1 club may appear on only 1 team roster per play day within a league.

### **Section 2. Team Placement.**

New organizations or teams must contact the Commissioner for the league in which they wish to play. The commissioner will place the team in the appropriate division.

***\*\*Please update your club information. If your club already plays in a QCT league just put your club initials at the top and fill in the New Team information below:***

**Club Name :** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Address** (If different from club address) \_\_\_\_\_

Club Contact (Manager or Pro-Please Identify) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_

Contact Address (If different from above) \_\_\_\_\_

**Total Number of Club Courts:**      **Hard** \_\_\_\_\_      **Soft** \_\_\_\_\_

### **New Team to be Submitted:**

#### **League (Check One):**

\_\_\_\_\_ Weekday Women – Wednesday\*

\_\_\_\_\_ Weekday Women – Thursday\*

\_\_\_\_\_ Weekend Women – Saturday

\_\_\_\_\_ Men – Saturday

\_\_\_\_\_ Mixed Doubles – Sunday

\*Determination of which day must be approved by the commissioner and is based on the overall team player level. Please contact commissioner prior to completion of this form.

**Team Number (e.g. 1, 2, 3...)** \_\_\_\_\_

**Location of QCTL Play:**      **Club** \_\_\_\_\_      **Other** \_\_\_\_\_ (Please attach detail description of proposed offsite location, including address.) \_\_\_\_\_

#### **Captain Information (*required*):**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Approvals (REQUIRED):**

\_\_\_\_\_  
**Club Manager Signature**

\_\_\_\_\_  
**QCTL Commissioner**

Forms can be sent and returned via e-mail or contact the appropriate commissioner for their mailing address.

For QCTL commissioner names and e-mail information go to [www.netennis.com/queencity](http://www.netennis.com/queencity).