**Winthrop Fall Pickleball League Team Form**

**Team Information**

* Team Name:
* Team Captain's Name:
* Team Captain's Email:
* Team Captain's Phone Number:
* Team Rank:

**Player Info**

* Player 1 Name / Email / Phone:
* Player 2 Name / Email / Phone:
* Additional Players & Contact Info (if any):

**Availability**

* Preferred Days for Matches:
* Preferred Times for Matches:

**Please sign and date below that you have read and understand the rules of the league**

\_\_\_\_ I have received and read the rules.

\_\_\_\_ I will submit our scores correctly and on time

\_\_\_\_ I allow your information (phone, email) to be shared.

\_\_\_\_ I have ranked my team based on the criteria

**Player 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**