

Winthrop Summer 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: _____

