



LCTA PLAYING UP WAIVER REQUEST FORM

This request, whether approved, partially approved, or disapproved is good only for the league and flight noted below. Waiver requests for future league seasons must be resubmitted.

Fill out and return completed form to: Dee Mack - hotback4@gmail.com

DATE:	
LEAGUE & FLIGHT: (E.g., 3.5 Women Day, 3.0 Senior Men)	
FACILITY:	
TEAM NAME:	
CAPTAIN NAME:	
CAPTAIN EMAIL:	
CAPTAIN PHONE NUMBER:	
1. TOTAL "AT LEVEL" PLAYERS EXPECTED TO REGISTER ON TENNIS LINK:	
2. TOTAL "BELOW-LEVEL" PLAYERS REQUESTED:	
3. TOTAL PLAYERS EXPECTED TO REGISTER ON TENNIS LINK: Sum of 1 and 2	

JUSTIFICATION FOR EXCESSIVE NUMBER OF BELOW-LEVEL PLAYERS: