

NCTTA Paralympic Championships Registration form



Please Print Legibly

Name _____
Last First Middle Initial

Please Circle Female Male

Do you have an International Classification Card? Yes No Class _____
If no, please complete and return the *NCTTA Disability Information Form*.

College/University _____

University/College Contact Person _____

Telephone(____) _____

Your Current Mailing Address

Street

City State Zip

Email

Home Telephone(____) _____ Cell Phone(____) _____

Year in School FR SOPH JR SR GR Field of Study/Major _____

Number of years playing TT _____ T-Shirt Size _____

USATT Member Yes No USATT ID _____ RatingsCentral ID _____

Coach/Chaperone Name, Email, Phone
number _____

For the following provide Name and Email address

Local Newspaper Contact _____

School Newspaper Contact _____

Sports Information Director _____

Deadlines:

- March 1st, 2006 Deadline to submit: Registration Form, Eligibility Form, Disability Information Form (if applicable) and signed Championship Agreement (Waiver)
- March 15th, 2006 Deadline to Reserve tournament hotel at the Best Western Suites Inn (817) 534-4801

Mail completed forms to:

NCTTA
1017C Preston Ave
Charlottesville, VA 22903