

School Name \_\_\_\_\_ Ph. (W) \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Ph. (H) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

	Last Name, First Name	Grade	Overall Record	Conference Record
S I N G L E S				
D O U B L E S				

**Note: There is a \$50.00 Late Registration Fee PER INDIVIDUAL AND DOUBLES TEAM. The check should be made payable to the NCHSAA and must be in the NCHSAA office no later than the day before the Regional.**