

In order to serve all tennis coaches throughout the State, we ask that you join the **OHIO TENNIS COACHES' ASSOCIATION**. Try to encourage your fellow coaches to join. Don't forget the team tournament. The last time to sign up **in person** for the **Boy's** Tournament is **NOON, February 26, 2012**. The last time to sign up **in person** for the **Girl's** Tournament is **May 27, 2012**. **Boy's mail applications and checks must be received by February 21, 2012**. **Girl's mail applications and checks must be received by May 21, 2012**.

Membership thru 12/31/2012

NAME _____

TITLE: BOYS ___ GIRLS ___ BOTH ___

HOME ADDRESS _____

PHONE (H): (____) _____
Area code

e-mail address _____

CELL Ph _____

SCHOOL City _____ 9 Digit Zip _____

Home Fax Number (____) _____

SCHOOL ADDRESS _____

DIVISION: I _____ II _____

DISTRICT: NE ___ NW ___ SW ___ SEC ___
Area code

PHONE (S): (____) _____
Area code

City _____ 9 Digit Zip _____

FAX # (S) (____) _____

SCHOOL e-mail _____

MEMBERSHIP 11- _____

YEARS COACHING: BOYS ___ GIRLS ___

RECORD: BOYS _____ GIRLS _____

BOYS' TEAM TOURNAMENT (MAY, 2012)

GIRLS' TEAM TOURNAMENT (SEPT. 2012)

____ Enter my Team

____ Enter my Team

____ DO NOT ENTER MY TEAM

____ DO NOT ENTER MY TEAM

I would be willing to serve as an official at the State Team Tournament.

Please send me a new membership card!!

11.30.11

MEMBERSHIP FEE— \$20.00 Make checks payable to **Ohio Tennis Coaches' Ass'n.**

Amount Enclosed: _____ Mail to: **ED WOLFF**

893 East Decker Drive

Seven Hills, Ohio 44131-2613-93

CAREER VICTORY FORM

If you qualify for this award for career victories on the high school level, fill out the form below. It must be in my hands by February 1, 2012, to be presented at the annual clinic meeting. **IF YOU ARE TO RECEIVE AN AWARD, PLEASE TRY TO ATTEND THE ANNUAL MEETING.** note: if your school has more than one varsity playing at the same time, you may only use the results of the **NUMBER ONE (#1) Varsity Team** in compilation

Name _____

Phone _____

School _____

ZIP _____

ADDRESS _____

MY CURRENT RECORD IS _____ - _____

Verified By: _____

Membership # _____

Principal or Athletic Director

I HAVE BEEN A MEMBER OF THE OTCA FOR THE PAST FIVE YEARS _____

I HAVE ATTACHED A COPY OF MY RECORD _____

You must have been a member of the OTCA for five years to qualify for this award.

RETURN TO: ED WOLFF

893 E. DECKER DRIVE

SEVEN HILLS, OH 44131-2613-93