

SENIOR ROSTER (AGE 55+)



Season:	Office Use Only
Facility:	Date Received
League:	/ /
Match Day:	
Captain/Co Captain	Amount Paid
Phone:	\$
Email:	Initials:
Last Season Captain:	
Surface Preference:	

	Player Name	Coaching	Player			Phone Number	Email (If not already on file)
			Member	PTC Resident	Non Resident		
1			\$0	\$45	\$50		
2			\$0	\$45	\$50		
3			\$0	\$45	\$50		
4			\$0	\$45	\$50		
5			\$0	\$45	\$50		
6			\$0	\$45	\$50		
7			\$0	\$45	\$50		
8			\$0	\$45	\$50		
9			\$0	\$45	\$50		
10			\$0	\$45	\$50		
11			\$0	\$45	\$50		
12			\$0	\$45	\$50		
13			\$0	\$45	\$50		
14			\$0	\$45	\$50		
15			\$0	\$45	\$50		
16			\$0	\$45	\$50		
17			\$0	\$45	\$50		
18			\$0	\$45	\$50		
19			\$0	\$45	\$50		
20			\$0	\$45	\$50		
21			\$0	\$45	\$50		
22			\$0	\$45	\$50		
23			\$0	\$45	\$50		
24			\$0	\$45	\$50		
25			\$0	\$45	\$50		

SEE BACK FOR TEAM PRACTICE INFORMATION

** Resident Discount only applies to PTCTC Teams**

