MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
Tennis Regional (L.P.) or Final (U.P.) Tournament Lineup

TE-4

_____ _____ **High School**

(CITY) (SCHOOL)

SINGLES						TOTAL RECORD		RECORD IN THIS FLIGHT	
X FOR SEED	FLIGHT	FIRST	LAST	GRADE	TOTAL MATCHES	WON	LOST	WON	LOST
	1S								
	2S								
	3S								
	4S								

DOUBLES						TOTAL RECORD		RECORD IN THIS FLIGHT	
X FOR SEED	FLIGHT	FIRST	LAST	GRADE	TOTAL MATCHES	WON	LOST	WON	LOST
	1D								
	2D								
	3D								
	4D								

YES ☐ **NO** ☐ **We are willing to assume our fair share of indoor court costs if weather does not permit outdoor play**

_____ (____)_____ _____

PRINT - HEAD COACH HOME # OR CELL # E-MAIL

_____ (____)_____ _____

PRINT - ASSISTANT COACH HOME # OR CELL # E-MAIL

I / WE CONFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE & ACCURATE. _____

PRINCIPAL OR AD SIGNATURE

REGIONAL & FINAL TENNIS COACHING STAFF

SCHOOL:_____

❑ **1. HEAD Coach:**_____

Contact Info: **Email:**_____

Phone:_____

❑ **2. Asst Coach:**_____

Contact Info: **Email:**_____

Phone:_____

❑ **3. Asst Coach:**_____

Contact Info: **Email:**_____

Phone:_____

****All coaches listed MUST either be a faculty coach or non-faculty status while being registered with the MHSAA. Any assistant or subvarsity coach (paid or volunteer) MUST complete the same tennis rules meeting requirement as the head coach.**

_____ **Principal or AD Signature** By checking the boxes above and signing this form I attest that ALL coaches listed above have completed the appropriate steps to be eligible to coach at all MHSAA post season tennis events.	**MAIL / FAX / EMAIL TO REG (L.P.) or FINAL (U.P.) MGR BY OPT-OUT DUE DATE**