

KCJTL Member Club Information

(The following contact information will be kept on file with KCJTL.
Any changes should be made **in writing** to KCJTL.)

Date info. updated: _____

Club/P&R Name: _____ **Tennis Dir. or Head Pro:** _____

Tennis phone number: (_____) _____ **Main club phone number:** (_____) _____

Fax number: (_____) _____ **Club's website address:** _____

Physical address: _____ **City** _____ **ST** _____ **Zip** _____

Mailing address (if different): _____ **City** _____ **ST** _____ **Zip** _____

IF Park & Rec: **Name of city liaison:** _____ **phone:** (_____) _____

Mailing Address: _____ **City** _____ **ST** _____ **Zip** _____

Number of courts used for weekly KCJTL matches? _____

Number of courts available for KCJTL tournament? _____

(all JTL member clubs are required to offer a minimum of 4 courts for the tournament)

Primary Contact Information (a tennis pro or a club rep volunteer---whoever KCJTL should be in contact with first):

Name: _____ Circle one: Club rep or Tennis Pro

Hm. Phone #: (_____) _____ Wk. phone: (_____) _____ Fax: (_____) _____ email: _____

Address: _____ City _____ ST _____ Zip _____

Other Contact Information (second contact):

Name: _____ Circle one: Club rep or Tennis Pro

Hm. Phone #: (_____) _____ Wk. phone: (_____) _____ Fax: (_____) _____ email: _____

Address: _____ City _____ ST _____ Zip _____

Other Contact Information (third contact):

Name: _____ Circle one: Club rep or Tennis Pro

Hm. Phone #: (_____) _____ Wk. phone: (_____) _____ Fax: (_____) _____ email: _____

Address: _____ City _____ ST _____ Zip _____

**Please return to: KCJTL, PO Box 6164, Leawood, KS 66206-0164
Phone: 913.568.6963**