**Team Sheet**

|  |  |
| --- | --- |
| **Name of School:** |  |
| **Name of SSP** **:** |  |
| **Team Manager:** |  |
| **Team Manager email:** |  |
| **Team Manager mobile:** |  |
| **Coach(s):** |  |

|  |  |
| --- | --- |
| **Team:**  | *(delete as appropriate)* |
| **Girls / Boys** | Years **7/8/9** or **10/11**  |

**Rankings**

Please follow these guidelines when making team nominations:

* Teams will consist of 4 players.
* Players must be ranked in strict order of singles playing ability.

|  |  |  |  |
| --- | --- | --- | --- |
| **Rank** | **First Name**  | **Surname** | **School Year** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| Reserve |  |  |  |

*(Highest ranked at the top)*