



2024/25 TENNIS CENTER LEAGUE REQUEST FORM
TUALATIN HILLS PARK & RECREATION DISTRICT
HMT Complex: 15707 SW Walker Road, Beaverton, OR 97006
P: 503.629.6331 * www.thprd.org * F: 503.629.6336

LEAGUE: _____

SEASON: Fall 2024 Spring 2025

CONTACT INFORMATION:

Name: _____

Cell Phone: _____

E-mail Address: _____

Home Phone: _____

Mailing Address: _____

I AM A NEW PLAYER OR A MEMBER OF A NON-THPRD CITY LEAGUE TEAM:

Current City League Club and Level (if applicable): _____

USTA rating or level explanation: _____

Interested in: Singles Doubles

I AM A CURRENT THPRD CITY LEAGUE TEAM MEMBER:

Current Team: _____

Captain's Name: _____

City League Record (wins/losses): _____

USTA rating: _____

Position(s) Played - Singles/Doubles (include # 1,2,3,4,5): _____

Team you wish to move to: _____

Captain's Name: _____

Are you willing to play singles if placed on new team: YES NO

Will you stay on current team if not placed on new team requested: YES NO

Will you move to a team other than your choice noted above: YES NO

Are you interested in playing on the Senior (age 65+) team: YES NO

Please note any other information you would like considered in Team placement decision:

* Return this form to the front desk or by email to j.rankin@thprd.org *

-----TO BE COMPLETED BY THPRD STAFF ONLY-----

Received by: _____ on Date: _____