



2009 Wilson/ITA Fall Regional Championships
Official Request Form to “Play-Out-of Region”

Date: _____ Division: _____

College/University: _____ Gender: **Men or Women**

Coach’s Name: _____

Email: _____ Phone: _____

Official ITA Region: _____

Regional Championship that you are requesting to enter (include host site and dates):

Please provide detailed reason(s) for your request:

Please Note:

All requests must be made in writing to the ITA Office no later than 4 weeks prior to the Regional Championship in which you are requesting to participate.

For your request to be granted, both regional tournament committees must approve of the change. The ITA office will inform the coach, and both tournament directors of the final decision.

Email or fax this form to Jennifer Evans
ITA Coordinator of Events and Championships
Email: jevans@itatennis.com; Fax number: 609-497-9586