



TEAM TENNIS EVENT/PROGRAM OF THE YEAR

State: **Name of Program/Tournament/Event:**

Director:

Name: **Facility:**
Address:
Home Phone **Business Phone**
E-mail: **Fax:**

Format and age groups or levels offered: 14& under as well as 14&over

Circle: Singles only Doubles only Singles/Doubles Mixed Doubles

Type of Event: if not listed in name of tournament, i.e. USTA League State Chmps., JTT State Chmps., Southern Senior Cup

Tournament Organization:

Rate (1 = Poor, 7 = Excellent)

- Match scheduling
- Seeding
- Adherence to USTA rules
- Officiating
- Practice courts available
- Tournament staff friendly/helpful
- Sufficient number of volunteers
- Media coverage
- Viewer seating

Tournament amenities:

Check if applicable:

- Copies of draw available
- Water/Ice Available
- Breakfast provided
- T-shirts provided
- Other gift
- Special rates for housing
- Other recreational events provided
- Adequate restrooms
- Banquet/pizza party provided

Other comments: (Include sponsorships if applicable)

Please submit supporting articles, photos, letters, etc. with nomination form to Brenda Witt at the USTA Tennessee office by Friday September 10, 2010. Please keep nominations to a maximum of ten (10), 8 1/2" x 11" pages. Please DO NOT staple your pages together. If you are handwriting your nominations please make sure it is legible. The awards committee WILL NOT accept professionally bound nominations or oversized posters, videotapes, flipcharts, t-shirts, etc.

Submitted by: **Phone:**