

**Mixed Doubles Round Robin
Starts on May 15**

Your Name _____

Phone (h) _____ (c) _____

Address _____

City _____ **ZIP** _____

Your E-Mail _____

Division: 3.5 4.0 4.5

Partner Name _____

Partner E-Mail _____

Phone (h) _____ (c) _____

Enclose:

1) Check payable to "Santa Monica Tennis Club" for **\$10 per person**

2) Stamped, self-addressed #10 envelope (not required if you furnish e-mail address)

Mail to:

Jim Castagnola, 1310 Venice Blvd. #11, Venice, CA 90291

