

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
1161 Route 130 North, Robbinsville, NJ 08691

Match Line-up Form

Home Team: _____ Date of Match: _____

Away Team: _____ Location: _____

Team Line-up

School: _____

First Singles: _____

Second Singles: _____

Third Singles: _____

First Doubles: _____

Second Doubles: _____

If it is necessary to change the submitted Line-up, all changes must be in compliance with the most current NJSIAA Rules and Regulations.

Coaches Name (Please Print): _____

Coaches Signature: _____

Coaches Phone Number: _____