**NCS DOUBLES FIRST/SECOND/ALTERNATE APPLICATION**SEND BY **EMAIL**: pcruickshank@cifncs.org OR **FAX** TO 925-263-2120, **DUE** BYWEDNESDAY MAY 1, 2019 AT 10:00 PM

DOUBLES #1 LEAGUE QUALIFIER

|  |  |
| --- | --- |
| **Names** |  |
| **School** |  |
| **League** |  |
| **Division** |  |
| **Did you compete in your league tournament? (yes or no)** |  |
| **League Champion (yes or no)** |  |
| **Is this a D2 athlete petitioning up to D1?** |  |
| **Coach Name** |  |
| **Coach Email** |  |
| **Coach Cell** |  |

DOUBLES #2 LEAGUE QUALIFIER (BASED ON LEAGUE ROTATION)

|  |  |
| --- | --- |
| **Names** |  |
| **School** |  |
| **League** |  |
| **Division** |  |
| **Did you compete in your league tournament? (yes or no)** |  |
| **League Champion (yes or no)** |  |
| **Is this a D2 athlete petitioning up to D1?** |  |
| **Coach Name** |  |
| **Coach Email** |  |
| **Coach Cell** |  |

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DOUBLES #3 LEAGUE ALTERNATE (BASED ON LEAGUE ROTATION)

|  |  |
| --- | --- |
| **Names** |  |
| **School** |  |
| **League** |  |
| **Division** |  |
| **Did you compete in your league tournament? (yes or no)** |  |
| **League Champion (yes or no)** |  |
| **Is this a D2 athlete petitioning up to D1?** |  |
| **Coach Name** |  |
| **Coach Email** |  |
| **Coach Cell** |  |