



Our Lady of Bellefonte Hospital Tennis Classic 2008  
presented by  
DAYSTAR Television Network

## Credentialing Application

Players, Umpires, USTA Official, coaches, parents, guest and volunteers must complete this application to obtain a credential to enter the tournament. Please complete the application and mail to:

**DKM Sports**

**100 St. Christopher Dr.**

**Ashland, KY 41101**

**606-836-3111 or FAX this to 606 833-5660**

Print full legal name \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Print full address \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_

Birthplace \_\_\_\_\_

Sex  M  F

Print clearly Email address \_\_\_\_\_

***Please circle your status:***

Main Draw Player Coach Parent Volunteer

Qualifying Player Umpire Vendor Coach

Player Guest (Name of Player \_\_\_\_\_)

USTA Official Other (please print title \_\_\_\_\_)

For Office Use only

Application received date \_\_\_\_\_

Credential prepared \_\_\_\_\_