



2018 FALL POOL

REGISTRATION

Please Print Clearly, and include address, phone number and email address.

Name of Bar Sponsoring your Team _____

Team Name: _____

Team Names - This will be the name of your team on standings. You don't need to pick one now, but if you don't, the name will be your bar's name and the last name of the captain. **After leagues have begun, names can not be changed.**

Captain's Name: _____

Captain's Address: _____

City: _____

State: _____

Zip: _____

Home: _____

Phone #'s _____

Work: _____

Email Address: _____

(Both phone numbers are required unless you use a cell phone that you answer during day hours.) If you have email that you check regularly please include that information also.

Did your team play last year? (even if members have changed)

Yes

No

Team Name:(Last Years) _____

LEAGUE (Please check one. (You must fill out separate form for each night you plan to play):

Tuesday

4-Man Team

Wednesday

Scotch Doubles

Thursday

Divison A

Divisions B,C,D, E

PLEASE LIST BELOW THE NAMES OF ALL YOUR PLAYERS. YOU MUST LIST YOUR FOUR REGULAR PLAYERS AND AT LEAST ONE SUB. You must include addresses for every player and also shirt sizes.

CAPTAIN

Captain Information- if you filled out the top of the form you do not need to duplicate the info for this player!

***INFORMATION FOR THIS PLAYER IS ALREADY FILLED OUT*
SEE ABOVE**

PLAYER 2

NAME: _____

ADDRESS _____

EMAIL _____

PHONE _____

PLAYER 3

NAME: _____

ADDRESS _____

EMAIL _____

PHONE _____

PLAYER 4

NAME: _____

ADDRESS _____

EMAIL _____

PHONE _____

SUB

NAME: _____

ADDRESS _____

EMAIL _____

PHONE _____