



# 2018 FALL POOL

## SOUTH DAKOTA 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.**

### Player 1

Captain's Name: \_\_\_\_\_ Check this box to sanction this player:

New to pool league?

Captain's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_

Phone #'s Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

(Both phone numbers are required unless you use a cell phone that you answer during day hours.)

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):

<b>Watertown</b>	<input type="checkbox"/>	<b>Milbank</b>	<input type="checkbox"/>
Thursday 8-Ball		Monday 9-Ball	
		Wednesday 8-Ball	

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**

<b>PLAYER 2</b>	NAME: _____	Check this box to sanction this player: <input type="checkbox"/>
ADDRESS	_____	New to pool league? <input type="checkbox"/>
EMAIL	_____	
PHONE	_____	
<b>PLAYER 3</b>	NAME: _____	Check this box to sanction this player: <input type="checkbox"/>
ADDRESS	_____	New to pool league? <input type="checkbox"/>
EMAIL	_____	
PHONE	_____	
<b>PLAYER 4</b>	NAME: _____	Check this box to sanction this player: <input type="checkbox"/>
ADDRESS	_____	New to pool league? <input type="checkbox"/>
EMAIL	_____	
PHONE	_____	
<b>SUB</b>	NAME: _____	Check this box to sanction this player: <input type="checkbox"/>
ADDRESS	_____	New to pool league? <input type="checkbox"/>
EMAIL	_____	
PHONE	_____	