



Summer Pool Registration

Please Print Clearly

Name of Bar Sponsoring your Team _____

Captain's Name: _____

Captain's Address: _____

City: _____ State: _____ Zip: _____

Phone #'s Home: _____ Work: _____

(Both phone numbers are required. We must have these numbers to contact you. This information will be kept confidential and used for this purpose only. Only the other captains will be given this information by calling us and we confirm their identity.)

League (Please Check One):

<u>Wednesday</u>	<u>Thursday</u>
3 - Man Team 8 - Ball _____	4 - Man Team 8 - Ball _____
<p style="text-align: center;">* 3 PLAYER TEAMS</p>	<p style="text-align: center;">* 4 PLAYER TEAMS</p>
<p style="text-align: center;">OPEN TO ANY GENDER COMBINATION</p>	<p style="text-align: center;">OPEN TO ANY GENDER COMBINATION</p>

PLEASE LIST BELOW THE NAMES OF ALL YOUR REGULAR PLAYERS.

If possible, please include their address and phone numbers.

NAME

ADDRESS

PHONE

