



**TEAM REGISTRATION FORM – LIC. # 221 / 187 / 90**

<b>DAY OF DIV. PLAY</b>	<b>8 BALL 7'</b>	<b>8 BALL 9'</b>	<b>9 BALL 7'</b>	<b>9 BALL 9'</b>
<b>DIVISION NAME</b>			<b>SESSION</b>	<b>S FALL SP</b>
<b>TEAM NAME</b>				

<b>PLAYER NAME</b>	<b>HANDICAP</b>	<b>MEMBER ID</b>	<b>APP</b>	<b>PAID</b>

**PLEASE DESIGNATE THE TEAM CAPTAIN NAME ; PHONE ; EMAIL ADDRESS**

<b>CAPTAINS NAME</b>				
<b>CAPTAINS PHONE</b>	<b>HOME</b>		<b>CELL</b>	
<b>CAPTAINS EMAIL</b>				

<b>HOST LOCATION</b>				
<b>PHONE</b>	<b>BUS</b>		<b>CELL</b>	
<b>OWNERS EMAIL</b>				