# List of New/Additional BCA Pool League Players

**League Operator: To sanction new/additional players and ensure their eligibility for member benefits and discounts, please complete this form thoroughly and legibly.** ***Complete as many sheets as necessary to list all players that need to be sanctioned and indicate the page number of each sheet in the space provided.***

***Disregard this form if you use the BCAPL online league management system.***

League # _____ League Name _____ Page _____ of _____

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1. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

2. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

3. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

4. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

5. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

6. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

7. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

8. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

9. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
   Mailing Address: _____ City: _____ State: _____ Zip: _____
   Email: _____ Name to be printed on card: _____
   Home Phone: _____ Work: _____ Mobile: _____

10. Legal First Name, MI and Last Name: _____ Date of Birth: *Month*_____*Day*_____*Year*_____
    Mailing Address: _____ City: _____ State: _____ Zip: _____
    Email: _____ Name to be printed on card: _____
    Home Phone: _____ Work: _____ Mobile: _____