

TEAM ROSTER

TEAM NAME	
YEAR/SEASON	2009 - 2010
ORGANIZATION	Lancaster County 8 Ball League

CAPTAIN'S NAME	PHONE NUMBER	MAILING ADDRESS
Alternate Contact Person		

#	PLAYER'S NAME (FIRST)	PLAYER'S NAME (LAST)	PHONE NUMBER	MAILING ADDRESS	E-MAIL ADDRESS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

AUTOMATED PLAYER COUNT	NOTES:
0	

#	PLAYER'S NAME (FIRST)	PLAYER'S NAME (LAST)	DUES PAID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Membership Dues are \$15.00 per season. Any player who has not submitted the full membership fee on or before the second week of schedule will be ineligible to participate in any matches until payment is received and all previous scores will be forfeited.

<u>HOST LOCATION CONTACT INFORMATION</u>
Owner / Manager: _____
Address: _____
City: _____ Zip: _____
Phone #: _____ Fax #: _____

Total Dues Amount	
0	\$0.00