



Pool Team Roster



League Name: _____ Division: _____

Night of Play: Mon____ Tues____ Wed____ Thurs____ Fri____ Sat____

Name of Team Last Year: _____

IMPORTANT: WE WILL ONLY SCHEDULE FULL TEAMS! TEAM INFORMATION NEEDS TO BE FILLED OUT COMPLETELY!! WE NEED YOUR FULL NAME, ADDRESS, PHONE NUMBER AND EMAIL!

TEAM NAME: _____

BAR: _____ TOWN: _____

CAPTAIN NAME: _____
ADDRESS: _____
CITY/ZIP: _____
PHONE #: _____
EMAIL: _____

PLAYER NAME: _____
ADDRESS: _____
CITY/ZIP: _____
PHONE #: _____
EMAIL: _____

PLAYER NAME: _____
ADDRESS: _____
CITY/ZIP: _____
PHONE #: _____
EMAIL: _____

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EMAIL: _____

For more information contact:
pool@dnrstar.com or call 507-993-9071