



2025 - 2026 Pool Team Roster



League Name: _____

Division: _____
(subject to change)

Night of Play: Mon Tues Wed Thurs Fri Sat

Name of Team Last Year: _____

24/'25 League Ending Placement: _____
(1st, 2nd, 3rd etc)

Team Name: _____

Sanction fees required
after 3rd night of play
and only once per
season no matter how
many D&R Star
leagues played.

Bar: _____

Town: _____

Captain Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

For questions please reach out to:

Rachel Hendricks

C: 507-993-9071 O: 507-282-6080 Ext 135 pool@dnrstar.com

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.



By participating in this event each participant waives any right for damages from physical or mental harm. I agree not to seek damages or legal action from any sponsor, or its employees during the event. I also agree to pay for any damage caused by me during the event.