

BCA Pool League Team Roster Sheet

(Please make copies of this page)

Team Captain: To ensure your player's eligibility for member benefits and discounts, please complete this form. Please type or print name clearly as it appears on the I.D. Date of Birth: Include the month and day – the year is optional.

League: _____ State/Prov: _____

Date: _____ Team Name: _____

Captains Name: _____
Address: _____
City/St./Prov: _____ Zip: _____
Phone: _____ Date of Birth: _____
Email: _____

Players Name: _____
Address: _____
City/St./Prov: _____ Zip: _____
Phone: _____ Date of Birth: _____
Email: _____

Players Name: _____
Address: _____
City/St./Prov: _____ Zip: _____
Phone: _____ Date of Birth: _____
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