

8-BALL LEAGUE

TEAM REGISTRATION FORM

Please complete this form and return it with league registration fees before the registration deadline. Each teammate must read through and sign the rule book.

League Information

League Name: _____

Season Start Date: _____

League Night / Time: _____

Bowling Venue: _____

Team Name: _____

Team Captain Information

Captain Name: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: _____

Team Roster (5-7 Players)

Player 2 _____

Player 3 _____

Player 4 _____

Player 5 _____

Player 6 _____

Player 7 _____

Captain Signature: _____ Date: _____

Thank you for joining our Duckpin Bowling League — we look forward to a fun and competitive season!

Office use:

Payments received _____

Waivers received _____