



POOL LEAGUE ABOUT YOU

COUPLES TEAM REGISTRATION

Please **Print** All Information Clearly and Accurately. Make Sure To **Sign**.

Let's Talk About Your Team

Team Name: _____ Team Number: _____

Host Location Name: _____

Host Location Address: _____

Do you have permission to play at this location? Yes No Number of Tables: _____ Not Sure

Couples 8-Ball: (\$ 72pp)

Mark one of the Following:

- Existing Team:** (Please register our team with the same roster from last session) * **Roster information below does not have to be completed.**
- Existing Team with Changes:** (Please register our team with the roster listed below)
- New Team** (Please register our team with the roster listed below. Any player who does not have a current **PLAY** membership will pay their membership fee by the first week of play.)

***I understand that players/subs can be added during the first 4 weeks.**

USE THE FOLLOWING ROSTER FOR NEW TEAMS OR EXISTING TEAMS WITH CHANGES:

The Team Captain is required to have a telephone number and/or an email address.

Captain's Name: _____ Member #: _____ New Member

Email Address: _____ Contact Number: _____

Co-Captain's Name: _____ Contact Number: _____

Name	New Member	Contact Number
Couple #1 _____	<input type="checkbox"/>	_____
Couple #1 _____	<input type="checkbox"/>	_____
Couple #2 _____	<input type="checkbox"/>	_____
Couple #2 _____	<input type="checkbox"/>	_____
Couple #3 _____	<input type="checkbox"/>	_____
Couple #3 _____	<input type="checkbox"/>	_____
Female Sub _____	<input type="checkbox"/>	_____
Female Sub _____	<input type="checkbox"/>	_____
Male Sub _____	<input type="checkbox"/>	_____
Male Sub _____	<input type="checkbox"/>	_____

I have attached application and fees for all new players. **Signature:** _____ **Date:** _____

If you have questions or need further information, please contact your League Operator at 706.495.2370 or via email at poolleagueaboutyou@gmail.com. Please visit our PLAY League Website at (www.poolleagueaboutyou.com).



POOL LEAGUE ABOUT YOU

Member ID

PL

MEMBERSHIP APPLICATION

Please **Print** All Information Clearly and Accurately. Make Sure To **Sign**.

Player Substitute

New Application

Captain Co-Captain

Information Change

First Name

MI

Last Name

Nickname (Preferred)

Mailing Address

City

State

Zip Code

Birth Date (M/D/YY)

() _____
Home Phone

() _____
Cell Phone

Preferred Contact Method: Email Phone

E-Mail Address

Size _____
Shirt Jacket Color(s) Preference

Award Preference: Trophy Plaque Money

Have you ever participated in the PLAY League before? Yes No

What team(s) are you signing up for? (Please check the appropriate box and complete the Host Location & team information)

Ladies Team Name: _____ Bar/Tavern Name: _____

Open Team Name: _____ Bar/Tavern Name: _____

Couples Team Name: _____ Bar/Tavern Name: _____

Couples Partner Name: _____

Looking for a team

Membership Fee (2 formats only): Annual: \$20.00 Pro-rated: \$10.00

Additional Fee to play all 3 formats (Ladies, Open & Couples): \$10.00

(Application & Fees must be turned in to your team Captain or League Operator. No application will be processed until fees are paid.)

I give the league approval to post any photos taken of me during league matches on the **PLAY** Website.

Release Signature: _____ I do not approve my pictures being posted.

I have **read and agree to abide** by the PLAY Pool League Bylaws, Rules and Regulations. I will conduct myself appropriately on league nights from the time I enter the Bar/Tavern until I leave. I also agree to release the **PLAY** Pool League of any and all liabilities for accidents, injuries or any other incidents that occur. I am 18 years of age or older.

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Please **Print** All Information Clearly and Accurately. Make Sure To **Sign**.

Player Substitute

New Application

Captain Co-Captain

Information Change

First Name MI Last Name Nickname (Preferred)

Mailing Address City State Zip Code

Birth Date (M/D/YY) Home Phone Cell Phone

E-Mail Address Preferred Contact Method: Email Phone

Size _____ Award Preference: Trophy Plaque Money
Shirt Jacket Color(s) Preference

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Captain Co-Captain

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First Name MI Last Name Nickname (Preferred)

Mailing Address City State Zip Code

Birth Date (M/D/YY) Home Phone Cell Phone

E-Mail Address Preferred Contact Method: Email Phone

Size _____ Award Preference: Trophy Plaque Money
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New Application

Captain Co-Captain

Information Change

_____ **First Name** **MI** **Last Name** **Nickname (Preferred)**

_____ **Mailing Address** **City** **State** **Zip Code**

____/____/____ **Birth Date (M/D/YY)** (____) _____ **Home Phone** (____) _____ **Cell Phone**

_____ **E-Mail Address** **Preferred Contact Method: Email** **Phone**

Size _____ **Award Preference: Trophy** **Plaque** **Money**
Shirt **Jacket** **Color(s) Preference**

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