



# Team Registration Fall 2011

## MANSFIELD TUESDAY & WEDNESDAY POOL LEAGUE

5 Player Teams - 5 subs max per team

Registration Deadline 09/07 Noon - League Starts 09/12

FAX back to 419-683-1982



Team info

Team Name \_\_\_\_\_  
 Sponsoring Location \_\_\_\_\_  
 Location Phone # \_\_\_\_\_

Thank you for participating in the Lorain Music and Vending Leagues. It's required to completely fill out your roster to participate. While email addresses are optional we do email notices when the weekly stats are posted and special tournament information.

Team Captain

Captain's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Sub #1

Sub #1 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Player #2

Player # 2 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Sub #2

Sub # 2 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Player #3

Player #3 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Sub #3

Sub # 3 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Player #4

Player #4 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Sub #4

Sub # 4 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Player #5

Player #5 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Sub #5

Sub # 5 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Contact Phone # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_



