



**8-BALL FOUR PERSON TEAM REGISTRATION**

TEAM NAME:			
TEAM HOME LOCATION:		TEAM HOME PHONE:	
TEAM HOME ADDRESS:			

	FIRST NAME	LAST NAME	SEX M / F	SKILL LEVEL	LEAGUE? APA/TAP/BCA/NAPA/VNEA
1 CAPTAIN:					
	PHONE:			EMAIL:	
2 PLAYER					
	PHONE:			EMAIL:	
3 PLAYER					
	PHONE:			EMAIL:	
4 PLAYER					
	PHONE:			EMAIL:	
5 PLAYER					
	PHONE:			EMAIL:	
6 PLAYER					
	PHONE:			EMAIL:	

- \* AT LEAST ONE PERSON ON THE TEAM HAS TO HAVE EMAIL. PREFER EVERYONE.
- \* ANY QUESTIONS CALL DAVE STOCKMAN 573-268-6385 or email [dave@napa-missouri.com](mailto:dave@napa-missouri.com)