



TEAM SIGNUP SHEET 2024/25



Team Name: _____ Season: Spring / Summer / Winter Format: Trios / 8-Ball / 9-Ball / Singles / Ladies 8
Vulgar names will be refused

Player Member Information (Please print clearly)

CAPTAIN

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Asst. CAPTAIN

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Legal Name: _____ Alias: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Email: _____
@yahoo @Hotmail @Ymail @Gmail @me @_____

Each player must pay \$25 Annual Dues before playing their 2nd match.

Team funds will be submitted by ONE Person to Cashapp **\$\$\$BCAPL**

Team Captains speak & vote for the team on all league matters.

Send completed forms to: SSBCAPL@GMAIL.COM or text to (229) 630-3438