

Middletown Bocce Ball League

2024 Team Registration

Date Received _____

Used by the team Capo for organizing your team. Each team member should also provide their individual signed registration form.

Submit this sheet, player fees and the individual signed registration forms when complete. **PLEASE PRINT CLEARLY**

NOTE: The date this is received will establish priority for a specific **schedule choice**. 1st _____ 2nd _____ 3rd _____ 4th _____ Hand these completed forms and payment to a board member or mail to MBBL, P.O. Box 1753, Middletown, CA 95461.

Team Name:

Capo Name	Phone	Email	Signature
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Assistant Capo Name (Required)	Phone	Email	Signature
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By their signature, the above Capo and Assistant Capo are certifying that they have read and understand that they agree to abide by the **Capo Responsibilities, Rules and Regulations and Rules of Conduct**, and that they have verified that the team members listed below have read and understand the **Rules and Regulations and Rules of Conduct**.

	Player Name	Registered?	Phone	E-Mail
1				
2				
3				
4				
5				
6				
7				
8				