



TEAM ROSTER

Date: ___/___/___

San Francisco Tavern Pool League

The league requests that you enter as much information for each player as possible and as clearly as possible. This allows the Board of Directors to contact league membership. Email addresses are extremely useful.

Telephone:
(415) 735-7009

NAME OF TAVERN: _____

NIGHT: MON. TUE. WED.

STREET ADDRESS: _____

CITY & ZIP CODE: _____

DIVISION: A B C D E

INTERNET ADDR: _____

WHAT WE NEED YOU TO DO ON THE FIRST NIGHT OF PLAY:

- SEND NO MONEY FOR PLAYER DUES.** INDIVIDUAL DUES ARE PAID IN ADVANCE BY SPONSOR TAVERNS, WHO THEN COLLECT FROM THE PLAYERS.
- Please **PRINT** full name, address and phone number for each player:

PLAYER'S NAME	ADDRESS	CITY/ZIP	PHONE NO.	E-MAIL

- Please **PRINT** the following information for players who are already on other teams:

PLAYER'S NAME	TAVERN / NIGHT / DIVISION

- Send this Team Roster along with your first match score sheet in the envelope provided to:
SFTPL
P.O. Box 471732
San Francisco, CA 94147

I HAVE READ THE TERMS AND CONDITIONS OF MEMBERSHIP AND AGREE TO FOLLOW THEM.

CAPTAIN: _____

SIGNATURE: _____

DATE: _____

Please senx copy of this roster by return mail.

Okay to publish captain's phone number.