



8 Ball Express Fall 2017 Team Registration Form

(Check One) **8-BALL** _____ **9-BALL** _____ **Not Playing This Session** _____

Night of Play: _____ Team Name: _____

Host Location: _____

Team Captain: _____ DOB _____ *OR* Player # _____

Address: _____

Home Phone: _____ Work # _____ Cell # _____

Other Players: Name Birth Date *OR* Player #

Register Same Team



Teams Must Register By 08/12/17 To Be Guaranteed a Slot!!

Register Teams by in order to receive:

7/29/17

8/5/17

2 Bonus Points!

1 Bonus Point

I understand that by submitting this form I am committed to the session and will be charged a \$50 fine should I drop this team before the session is complete.

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