Team Registration Form
2017 Fall Season

Sponsor Dues: $200 + $25 per team
Player Dues: $60 per player

TEAM NAME: _____

SPONOSOR INFORMATION **(MUST be filled out completely)**	
BAR NAME:	
BAR ADDRESS:	
BAR CONTACT:	
BAR CONTACT PHONE:	
BAR CONTACT EMAIL:	

TEAM INFORMATION **(MUST be filled out completely. Required for BCA Membership Cards)**

Team Captain/Player #1	
Legal Name	
Name for Stats/Website	
Phone	
Email	
Mailing Address	

Player #5	
Legal Name	
Name for Stats/Website	
Phone	
Email	
Mailing Address	

Player #2	
Legal Name	
Name for Stats/Website	
Phone	
Email	
Mailing Address	

Player #6	
Legal Name	
Name for Stats/Website	
Phone	
Email	
Mailing Address	

Player #3	
Legal Name	
Name for Stats/Website	
Phone	
Email	
Mailing Address	

Player #7	
Legal Name	
Name for Stats/Website	
Phone	
Email	
Mailing Address	

Player #4	
Legal Name	
Name for Stats/Website	
Phone	
Email	
Mailing Address	

SFPA BOARD USE ONLY