



TEAM MEMBERSHIP FORM 2017

TEAM NAME: VENUE:

VENUE ADDRESS: VENUE Ph No:

GRADE OF PLAY: Min. 4 Players per team (Max 20 points in each round)

PLEASE NOTE THAT ANY NOMINATIONS FROM TEAM/S OR MEMBERS WHO ARE NOT FINANCIAL FROM THE PREVIOUS SEASON WILL NOT BE ACCEPTED UNTIL ALL OUTSTANDING FEES ARE PAID IN FULL.

- Registrations are payable before your 3rd Week of play (\$25 per Registered player valid Jan-Dec)

1 Name:	2 Name:
Rank: M / F Age:	Rank: M / F Age:
Address:	Address:
Mob:	Mob:
Email:	Email:
Signature:	Signature:

3 Name:	4 Name:
Rank: M / F Age:	Rank: M / F Age:
Address:	Address:
Mob:	Mob:
Email:	Email:
Signature:	Signature:

5 Name:	6 Name:
Rank: M / F Age:	Rank: M / F Age:
Address:	Address:
Mob:	Mob:
Email:	Email:
Signature:	Signature:

By signing this document you agree to accept and abide by the rules and regulations of Brisbane and Districts 8 Ball Association as amended from time to time and understand that participants at QEBF and AEBF sponsored events may be subject to random drug tests.

Captains Name: _____ Signature: _____ Date: _____

Please send a copy of this form to Email: registrar@brisbane8ball.com and retain it. If you get new players add them to the list and re send. Use an extra form if required.