



BCA Pool League Team Roster Sheet



(Please make copies of this page)

Team Captain: To ensure your player's eligibility for member benefits and discounts, please complete this form. Please type or print name clearly as it appears on the I.D. **Date of Birth:** Include month and day - the year is optional.

Team Name : _____

Location : _____

Player 1 -(Captain)

Captains Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 2

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 3

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 4

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 5

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 6

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 7

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 8

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 9

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Player 10

Legal Name (Required) : _____

Nick Name : _____

Street Address : _____

City, State, Province : _____ Zip: _____

Email : _____

Phone -Cell : _____

Phone -Home : _____

Date of Birth (Month/Day) : _____

Please turn in as soon as possible, information is critical to BCA sanctioning of the league

Please be advised by signing this roster you are giving NAPL permission to use your photograph, image, likeness, and/or name for reporting and promotional purposes via print, video, internet, and other media relating to this season with NAPL.