## MINNESOTA PASTIME P.O. BOX 1063 VIRGINIA, MN 55792 218-741-0826 OR 800-247-0210

E-MAIL: minnpast@cpinternet.com

## SUMMER MIXED 8 BALL POOL LEAGUE SIGN - UP SHEET

| TEAM NAME   |               |  |  |
|---|---------------|--|--|
| SPONSOR NAME  |               |  |  |
| ROSTERS MUST BE FILLED OUT COMPLETELY. WE NEED THIS INFORMATION FOR MAILING YOU INFORMATION |               |  |  |
| 1. CAPTAIN - MUST H   | AVE EVERYBODY | YS PHONE NUMBE                           | R LISTED                                   |
|   | LAST NAME     |  |  |
| ADDRESS   |               |  |  |
| CITY  | STATE:        | ZIP CODE                                 | DIV. 2014-2015                             |
| E-MAIL ADDRESS:   |               |  |  |
| 2. REGULAR  |               |  |  |
| FIRST NAME  | LAST NAME     |  | PHONE:                                     |
|   |               |  |  |
| CITY  | STATE:        | ZIP CODE                                 | DIV. 2014-2015                             |
| E-MAIL ADDRESS:   |               |  |  |
| 3. REGULAR  |               |  |  |
| FIRST NAME  | LAST NAME     |  | PHONE:                                     |
| ADDRESS   |               |  |  |
| CITY  | STATE:        | ZIP CODE                                 | DIV. 2014-2015                             |
| E-MAIL ADDRESS:   |               |  |  |
| 4. REGULAR  |               |  |  |
| FIRST NAME  | LAST NAME     |  | PHONE:                                     |
| ADDRESS   |               |  |  |
| CITY  | STATE:        | ZIP CODE                                 | DIV. 2014-2015                             |
| E-MAIL ADDRESS:   |               |  |  |
|   |               | ER YOUR FULL NAME<br>ING THE SEASON. THA | AS WELL SO THERE ARE NO DOUBLE ANK YOU!*** |
| 1. SUB  |               |  |  |
|   | LAST NAME     |  | PHONE:                                     |
|   |               |  |  |
| CITY  | STATE:        | ZIP CODE                                 | DIV. 2014-2015                             |
| E-MAIL ADDRESS:   |               |  | DIV. 2014-2015                             |
| 2. SUB  |               |  |  |
|   | LAST NAME     |  | PHONE:                                     |
| ADDRESS   |               |  |  |
| CITY  | STATE:        | ZIP CODE                                 | DIV. 2014-2015                             |
| E-MAIL ADDRESS:   |               |  |  |

SPONSOR FEES MUST BE TURNED IN WITH THE COMPLETED ROSTER ON MONDAY, MAY 2<sup>nd</sup>, 2016 AT POPPERS 7:00 PM. SPONSOR FEES ARE \$50.00 PER TEAM.

LEAGUE STARTS WEDNESDAY, MAY 18<sup>th</sup>, 2016

(ADDITIONAL COPIES OF THIS FORM AVAILABLE AT WWW.MINNPASTIME.COM)