

2008 8 BALL LEAGUE

2008 OFFICIAL TEAM REGISTRATION FORM

VENUE:..... PHONE:.....

VENUE PLAYING ADDRESS:

TEAM NAME:.....

PLEASE COMPLETE THE REGISTRATION FORM WITH EACH PLAYERS ACBS CURRENT MEMBERSHIP NUMBER. ALL PLAYERS IN YOUR TEAM MUST BE A CURENT FINANCIAL MEMBER OF THE ACBS.

TEAM MEMBER'S NAME:..... ACBS NO:

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SUBSTITUTES DO NOT HAVE TO BE LISTED AT THIS TIME – BUT WHEN A SUBSTITUTE PLAYS FOR THE FIRST TIME YOU MUST INCLUDE THAT PLAYER'S CURRENT ACBS MEMBERSHIP NUMBER.

SIGNED BY TEAM CAPTAIN:.....

SIGNED BY VENUE:

We agree to adhere to the Rules and Conditions as set down by the Auckland Pool Assn in regard to Misconduct and Dress Code. All disputes will be made in writing and submitted to the Secretary, APA and will be decided by the Management Committee of the Auckland Pool Assn.

THIS FORM MUST BE RETURNED TO THE AUCKLAND POOL ASSN NO LATER THAN date to be confirmed

DELIVER TO: ACBS Clubrooms
713 Mt Albert Road
Royal Oak
Auckland 1345

OR
MAIL TO PO Box 24-597
Royal Oak
Auckland 1345