TEAM # WEEK OF SIGN UP BONUS POINTS		8B Team	9B Team 9B Doubles
Team Name			
Home Location			
Day of Play: SA SU MON	TU WED T	HU FRI	
Mark one of the following () Existing Team Please register our team with our curren () Existing Team Please register our team with the roster () New Team Please register our team with the roster USE THIS ROSTER FOR NEW TEAMS OF (THE TEAM CAPTAIN IS REQUIRED TO I	it roster. listed below. listed below. R EXISTING TEAMS W	ITH CHANGE	ate: August 31 st , 2016
Team Captain	APA	A #	
Mailing Address			
Phone # (Captain)	Phone # (Co-Captain)		
Email Address			
Co-Captain		APA #	
Player 3		APA #	
Player 4		APA #	
Player 5		APA #	
Player 6		APA #	
Player 7		APA #	
Player 8		APA #	

This form is a promise that at start of session you have 5 players and are ready to play.