

# VIRGINIA BILLIARDS ASSOCIATION

## TEAM SIGN-UP FORM

**Team Name:** \_\_\_\_\_

**Home Location:** \_\_\_\_\_

**Division: (Please Circle)**

**Sunday  
8 Ball**

**Tuesday  
8-9 Ball**

**Wednesday  
8 Ball**

**Thursday  
9 Ball**

**Roster:**

Name

Skill Level

Name

Skill Level

\_\_\_\_\_  
Captain

\_\_\_\_\_  
Phone

\_\_\_\_\_

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