

Team Roster - Spring 2024 Season



*Team Name: _____ Division Requested: _____

*Pub Name: _____

*Pub Address: _____

*Pub Telephone: _____ Contact: _____

*1. Captain Name: _____ *Captain Phone: _____

*Email address: _____

*2. Co-Captain: _____ *Co-Captain Phone _____

*Email address: _____

*TEAM Members: **MAX NUMBER OF PLAYERS IS 12:**

3. _____ Email: _____

4. _____ Email: _____

5. _____ Email: _____

6. _____ Email: _____

7. _____ Email: _____

8. _____ Email: _____

9. _____ Email: _____

10. _____ Email: _____

11. _____ Email: _____

12. _____ Email: _____

PLEASE PRINT LEGIBLY

Complete this roster **FULLY** and bring a check for Sponsor fees of \$130 per team to 2nd Captains' Meeting

***Fill in this info. Is must have Player Names (Min. of six players) or NO SCHEDULE**

Player's Dues (\$20 per person) are **due by week 3 with match report** to avoid penalties
Please bring to Championship night or email to: ccd1.doublecork@comcast.net or
ccd1-statistician@comcast.net