



Coastal Carolina

SMOKEHOUSE BILLIARDS

MONDAY NIGHT IN-HOUSE MASTERS REGISTRATION FORM

HOST LOCATION: **SMOKEHOUSE BILLIARDS** NIGHT OF PLAY: **MONDAY**

TEAM NAME: _____ NEW TEAM NAME: _____
(CURRENT) (IF CHANGING NAMES)

1.-TEAM CAPTAIN: _____

ADDRESS: _____

EMAIL: _____

PHONE (H) _____ (W) _____

APA # _____ Date of Birth: _____

*Must have working phone # to be captain

2. CO-CAPTAIN:

OTHER PLAYERS: Name, address, email, phone, APA player #

3. _____

4. _____

YOU NEED A MAXIMUM OF 4 PLAYERS

Contact:

CCAPA OFFICE: 843-685-5625 or
HEATHER LAKATOS: 401-741-3544

THE NEW SESSION STARTS MONDAY, JULY 27!