



TEAM REGISTRATION FORM

CHICAGOLAND TAP

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|-------------|--------------|----------------|-------------|----------------|----------------|
| DAY OF WEEK | 8- BALL TEAM | 8 BALL SINGLES | 9 BALL TEAM | 9 BALL SINGLES | SCOTCH DOUBLES |
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DIVISION NAME:

| | |
|-----------|--|
| Team Name | |
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| PLAYER NAME | MEMBER ID # | APPLICATION | PAID |
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Please Designate the team captain and their home and work number / Email Address

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