

MURPHYSBORO BOCCE CLUB

YEAR/SEASON _____ TEAM ROSTER

Team Name: _____ League Night _____

1. **Team Captain:** _____ Phone #: _____

Email: _____

2. Team Member: _____ Phone#: _____

Email: _____

3. Team Member: _____ Phone#: _____

Email: _____

4. Team Member: _____ Phone#: _____

Email: _____

5. Team Member: _____ Phone#: _____

Email: _____

6. Team Member: _____ Phone#: _____

Email: _____

7. Team Member: _____ Phone#: _____

Email: _____

Number of team members: _____ X \$10.00 _____

ALL ROSTERS MUST BE PAID IN FULL BEFORE LEAGUE PLAY BEGINS

Paid in full _____

Cash/Check _____

Date

Name on check and check #

As team captain, I understand I am to read the league rules and regulations of the Murphysboro Bocce Club. I also understand that my team members and I will be responsible to follow these rules, unsportsmanlike conduct will be grounds for revocation of membership.

Captain's signature

Date

