

Spring / Fall _____ Season

Team Name: _____ Present Division _____

Pub Name: _____ Phone Number: _____ Zip Code: _____

Address: _____ Num. of Boards _____

I understand that my dues must be paid at this time and that I am over 21 years old and not suspended from the CBDA. I understand that I cannot change teams during this season unless approved by the Executive Board of Directors. Note: Print all information. Individual signatures are required for this roster to be accepted.

1. Capt. _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

2. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

3. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

4. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

5. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

6. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

7. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

8. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

9. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____

10. Name: _____ Signature: _____

Address: _____ Zip: _____ Phone Hm: _____ Wk: _____

Active Member New Member Dues Paid thru Spr / Fall _____ \$ _____ Dues Attached

New Player Experienced Last Assoc. / City _____ Div: _____