



Pheasant Lanes Vol

TEAM NAME: _____

Last Name (Please Print)	First Name (Please Print)	Date of Birth	Shirt Size	Cell Number
Team Captain				
Team Co-Captain				

TEAM ROSTER FORM

Fill out team roster completely. The first team member listed on the form will be the team captain. All information shared with team members. Only team members listed above will be allowed to play in the league. Pheasant Lanes reserves the right to combine leagues if there isn't enough teams to form a league.

CHAMPIONS PRIZE

Please circle which option you would prefer for your team, if your team wins the championship. (Circle option b

T-SHIRT (Max 6 per team) OR

