SUB AND/OR ADDITIONAL MEMBER (Mid-League Additions Only)

PLEASE PRINT CLEARLY Tear off for each new player

League Name:	Emerald Valley BCA		State:	OREGON	
Tavern & Team		•			
Name:					
Player's Name		Email or	r Fax		
Mailing Address		City		State	Zip
Home # ()				DATE OF BIRTH: (REQUIRED!)
Cell # ()					
	SUB AND/OR ADDITIONAL MEMB	BER (Mid	-League A	Additions Only)	
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Tavern & Team		•			
Name:					
Player's Name		Email or	r Fax		
Mailing Address		City		State	Zip
Home # ()	Sanction Fee Paid \$			DATE OF BIRTH: (REQUIRED!)
Cell # ()					
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Tavern & Team		-			
Name:					
		Email or	r Fax		
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Home # ()	Sanction Fee Paid \$			DATE OF BIRTH: (
Cell # ()			_	DATE OF BIRTH.	all voindb.)