



Killeen Billiards Association

Roster Sheet

League: _____ Team Name: _____	Date: _____ Sponsoring Club: _____
Captains Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____	Players Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____
Players Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____	Players Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____
Players Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____	Players Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____
Players Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____	Players Name: _____ Mailing Address: _____ City: _____ ZIP: _____ Phone: _____
All Killeen Members must pay \$30.00 dues the 1st night of play if not already sanctioned.	All Cove Members must pay \$20.00 dues the 1st night of play if not already sanctioned.