



Crossroads to Indy/Indy BCA Pool League

Player Registration Form

Session _____

Date _____

Location _____

Team _____

BCAPL Fee \$ 25.00

VNEA Fee

[TXT for details](#)

Legal Full Name *	
Date of Birth *	
Phone *	
Email *	
Full Address; Street *	
City, State, Zip *	

* Required fields

Handicap if available (for new BCAPL players)

FARGO/BCAPL		TAP		APA	8B		9B		Valley	
Have you played ANYTIME in ANY Pool league? Another State? Another Country? Years ago? Month Ago? (New or Returning Player)										
Yes		NO		If Yes, Name of league						

For Group Communication do you prefer?

email _____ Text _____ None _____

