

 Victoria 8-Ball Association Registration Form , Please fill in all boxed that are marked with an *. This information is required and you will not be considered registered unless the information is provided.			Date:
Player ID	* First Name	* Last Name	
Unit #	* Street Address	* City	*Postal Code
E-mail Address		*Phone #	
*Team Name	*Please check one of the following positions <input type="checkbox"/> Captain <input type="checkbox"/> Co-captain <input type="checkbox"/> Treasurer <input type="checkbox"/> Regular		
*Captain's Signature		* Registering Player Signature	

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