

Department of Michigan - Veterans of Foreign Wars

State Pool Leagues Doubles Registration Form

District: _____ *District Chairman:* _____ *Area Code & Phone:* _____

<u><i>Post Name</i></u>	<u><i>Post Number</i></u>	<u><i>Players Name</i></u>
1. _____	_____	_____ _____
2. _____	_____	_____ _____
3. _____	_____	_____ _____
4. _____	_____	_____ _____
5. _____	_____	_____ _____
6. _____	_____	_____ _____
7. _____	_____	_____ _____
8. _____	_____	_____ _____

Alternates (if desired)

1. _____	_____	_____ _____
2. _____	_____	_____ _____
3. _____	_____	_____ _____