

Department of Michigan - Veterans of Foreign Wars

State Pool Leagues Singles 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

Alternates (if desired)

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