

Department of Michigan - Veterans of Foreign Wars

State Pool Leagues Team Registration Form

Dist: _____ *Post #:* _____ *Post Name:* _____ *Post Phone:* _____

Address: _____ *City/Town & Zip:* _____

Post Captain: _____ *Area Code & Phone:* _____

Address: _____ *City/Town & Zip:* _____

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

<u><i>Players Name</i></u>	<u><i>Address (include City and Zip Code)</i></u>	<u><i>Area Code & Phone</i></u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____