



# TEAM ROSTER

Team Name : \_\_\_\_\_

Location : \_\_\_\_\_

**Sanction Fees: \$15 BCAPL (must be paid before or on 1st night of play)**  
**Membership Fees: \$15 UBA per night of play (must be paid by 4th night of play)**  
**Late Fee:** If an Individual has not paid their membership fee by their 4th week of play, a five dollar (\$5) fee will be added to the amount, resulting in a total of \$20 due.

**Team Captain:** To ensure your team's eligibility to play at local and national tournaments and to receive membership discounts through the BCAPL, please ensure ALL information is completely filled out on each player.

- TRAVELING *Circle One:* **SUNDAY** 4 man    **MONDAY** 5 man    **WEDNESDAY** 4 man
- IN-HOUSE **TUESDAYS** 4 man
- EAST SIDE **THURSDAYS** 4 man
- SCOTCH DOUBLES **FRIDAYS - 1x/month** Jack/Jill

Please print information clearly - as it appears on I.D. Date of Birth - Include month/day, year optional

### PLAYER 1 (Captain)

Captains Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

### PLAYER 2

Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

### PLAYER 3

Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

### PLAYER 4

Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

### PLAYER 5

Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

### PLAYER 6

Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

### PLAYER 7

Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

### PLAYER 8

Legal Name (Required) : \_\_\_\_\_  
 Nick Name : \_\_\_\_\_  
 Street Address : \_\_\_\_\_  
 City, State, Province : \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone - Cell : \_\_\_\_\_  
 Phone - Home : \_\_\_\_\_  
 Date of Birth (Month/Day) : \_\_\_\_\_

- 1) It is understood and agreed upon that Captain of team is responsible for collection of team dues from players.
- 2) Captain is responsible for the payment of these collected dues to the League Treasurer by the indicated weekly or monthly due date (based on night of play).
- 3) If, for any reason, a team member quits or no longer can play, the total amount of team dues is still expected to be paid in full for season.
- 4) If a non-sanctioned player substitutes on a team, that players sanction fee must be paid, even if it is a one-time occurrence. Each team is responsible for the BCAPL sanction fee for all substitute players on their team who has not yet paid the sanction fee. It can be paid for by the substitute, by the missing player he subbed for, or by the team players contributing toward the amount.