



TITLEHOLDER REGISTRATION FORM – LIC. # 221 / 187 / 90

8 BALL	TITLEHOLDER DATE		PLATINUM BOARD	GOLD BOARD
	MAR 30 – APR 1 2012			
DIVISION NAME			SESSION	SUM / FALL
TEAM NAME				

PLAYER NAME	HANDICAP	MEMBER ID	ROOM	PAID
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IF YOU ARE NOT TRAVELING BACK AND FORTH FROM HOME, MUST STAY AT HOTEL CARLISLE. MAKE RESERVATIONS AT 717.243.1717 BY FEB. 29TH

CAPTAINS NAME				
CAPTAINS PHONE	HOME		CELL	
CAPTAINS EMAIL				

COST PER TEAM	\$65.00 By Feb. 10th - \$80 After That Date			
See Attached:	CASH		CHECK	
NOTE:	MEMBERSHIPS MUST BE PAID TO ATTEND			