

FOUR PLAYER ROSTER

2024-2025 Valley 8-Ball Team Roster

Home Bar Location's Name:	Phone #:		
League Name:	Night of Play:	□ Tuesday	□Thursday
PLAYER INFORMATIO	N		
Please print your name and contact information legibly. By providing address, you authorize Warner Coin to contact you through calls, voice updates and information regarding the league. Please note that your transitions to CompuSports, a partner with VNEA, which automates by you to focus on the success of your event.	cemails, and texts email address will	as needed to be used wher	provide n Warner Coin
Captain 1:			_
Captain 1 Email:	Cell #:		
Player 2:			_
Player 2 Email:	Cell #:		
Player 3:			_
Player 3 Email:	Cell #:		
Player 4:			_ □M/□F
Player 4 Email:	Cell #:		
SUBSTITUE INFORMATI	ON		
Sub 1:			_
Sub 1 Email:	Cell #:		
Sub 2:			_
Sub 2 Email:	Cell #:		
Sub 3:			_
Sub 3 Email:	Cell #:		