SUB AND/OR ADDITIONAL MEMBER (Mid-League Additions Only)

PLEASE PRINT CLEARLY   **Tear off for each new player**

League Name: Emerald Valley BCA   **State:** OREGON

Tavern & Team Name:

Player's Name_____   Email or Fax_____

Legal Name as on ID: _____

Mailing Address_____ City_____ State_____ Zip_____

Home # (____)_____   Sanction Fee Paid $_____   DATE OF BIRTH: **(REQUIRED!)**

Cell # (____)_____

_____

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