

QUARTERKEGPUB



SPRING 2018

ROB ALGIERI
LEAGUE DIRECTOR

TOM McCABE
OWNER

TEAM NAME:

PLEASE SELECT ONE

LEVEL

<input checked="" type="checkbox"/>		
<input type="checkbox"/>	MONDAY - WOMEN	B
<input type="checkbox"/>	MONDAY - WOMEN	C
<input type="checkbox"/>		
<input type="checkbox"/>	TUESDAY - MEN	A
<input type="checkbox"/>	TUESDAY - MEN	B
<input type="checkbox"/>		
<input type="checkbox"/>	THURSDAY - CO-ED	B
<input type="checkbox"/>	THURSDAY - CO-ED	C

ROSTER – Please indicate Captain / Co-Captain. Please provide email contact for all players, if possible, for future email notices.

Completed forms should be brought to the QKP with deposit.

PLAYER NAME

PHONE NUMBER

EMAIL ADDRESS

**\$100.00 deposit with Roster required by April 6th–
Check payable to Quarter Keg Pub – mail or drop off at the QKP
balance of \$230.00 due by week ending May 11th**