

# ASSOCIATED VENDING, INC.

## POOL LEAGUE ROSTER

10305 READING ROAD  
CINCINNATI, OHIO 45241  
(513) 733-1122 OFFICE  
(513) 733-1152 FAX  
(513) 884-9821 TARA CELL  
(513) 484-9860 MOUSE CELL

### NIGHT OF LEAGUE :

TUESDAY NIGHT

WEDNESDAY NIGHT

TEAM NAME : \_\_\_\_\_

SPONSORING LOCATION : \_\_\_\_\_

LOCATION ADDRESS : \_\_\_\_\_

LOCATION PHONE # : \_\_\_\_\_

CAPTAIN'S NAME \_\_\_\_\_

CO CAPTAIN \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

PLAYER 3 \_\_\_\_\_

PLAYER 4 \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

PLAYER 5 \_\_\_\_\_

SUB 1 \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

SUB 2 \_\_\_\_\_

SUB 3 \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

# POOL LEAGUE FINAL ROSTER

**TEAM NAME:** \_\_\_\_\_

**LOCATION NAME :** \_\_\_\_\_

**LEAGUE NIGHT :** \_\_\_\_\_

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2.

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3.

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4.

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5.

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6.

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7.

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8.

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**I NEED THIS FILLED OUT AND TURNED IN BY THE 4<sup>TH</sup> WEEK OF PLAY. IF I DO NOT RECEIVE THIS BACK THE PLAYERS THAT ARE ON YOUR ORIGINAL ROSTER WILL BE THE ONLY ONES PERMITTED TO PLAY. SO PLEASE JUST FILL IT OUT AND TURN IT IN.**

**IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL THE OFFICE AT 733-1122.**

**THANK YOU,  
TARA AND MOUSE  
ASSOCIATED VENDING INC.**