

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 : _____

1.

2.

3.

4.

5.

6.

7.

8.

I NEED THIS FILLED OUT AND TURNED IN BY THE 4TH 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.**