ARIZONA SHUFFLEBOARD ASSOCIATION DISTRICT IV

LEAGUE NAME: _____ Year _____

PARK NAME: _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ ZIP _____

CAPTAINS: Complete this form (please print or type) and make three copies. Collect $ 3.00 from each player for the ASA membership card and return to the League Secretary/Treasurer with this form at the Dist. 1V Fall Meeting. 1 copy-League Secretary/Treasurer, 2 copies –District 1V Secretary/Treasurer.

Membership Card #	Name	Space # or address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER OF PLAYERS: _____ TOTAL DUES COLLECTED $_____

_____ _____

Team Captain Co- Captain

DATE: _____