

# SANTA BARBARA POOL LEAGUE

## YEARLY MEMBERSHIP APPLICATION FORM

(Address, Phone, DOB, & Email are all OPTIONAL, however omitting these might affect BCAPL Nationals eligibility)

**Name**

AS YOU WOULD LIKE IT  
TO APPEAR ON THE  
POOL LEAGUE WEBSITE

FIRST NAME

LAST NAME

  

MALE

FEMALE

**Full Name**

AS IT APPEARS ON YOUR DRIVERS LICENSE  
FULL LEGAL NAME REQUIRED BY THE BCAPL

FIRST NAME

MIDDLE NAME

LAST NAME

**Team Name**

**Address**

STREET ADDRESS or P.O. BOX

CITY

STATE

ZIP CODE

**Phone**

AREA CODE

PHONE NUMBER

AREA CODE

PHONE NUMBER

**CELL PHONE**

**HOME PHONE**

- YES!! Please keep me up-to-date with  
league announcements via text message
- I do not want the league to ever send me a text message

**Date of Birth**

REQUIRED FOR VERIFICATION OF ELIGIBILITY  
FOR SOME BCAPL NATIONAL TOURNAMENTS

MONTH

DAY

YEAR

  

WISH ME HAPPY BIRTHDAY ON WEBSITE

DO NOT WISH ME HAPPY BIRTHDAY

**E-mail**

- YES!! Please keep me up-to-date with  
league announcements via e-mail
- I do not want the league to ever send me an e-mail

**Signature**

DATE

I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS  
OF THE SANTA BARBARA POOL LEAGUE. I UNDERSTAND THAT  
UNSPORTSMANLIKE CONDUCT IS GROUNDS FOR DISMISSAL  
FROM THE LEAGUE. I AGREE TO ALLOW MY NAME AND  
PICTURE TO BE DISPLAYED ON THE LEAGUE WEBSITE FOR  
STATISTICAL PURPOSES.