STROKERS

BILLIARDS

JUNIOR LEAGUE

2026/2027 REGISTRATION FORM

NAME _____AGE_____

ADDRESS_____

PHONE #_____DOB:_____

Shirt Size _____ - YOUTH _____ADULT_____

EMERGENCY CONTACT:_____

EMERGENCY PHONE #_____

ADDITIONAL MEDICAL INFORMATION:_____

Parental Awareness:

I am aware my child, _____

Will be participating in the Strokers Billiards Junior Pool League on Sunday mornings.

Signature: _____Date: _____