



Southwest Pool League

csi is a sanctioned FargoRate  
Pool League

Jim Thompson  
469.925.8761

www.SWPL leagues.com

Dallas Texas - Las Vegas Nevada

# 5 Player Team Registration/Entry Form

(below is your preferences for bar and night of play)

Bar/Hall Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Night of Play: \_\_\_\_\_

The number is the team combined Fargo maximum for that division. Higher number = harder division.

Novice 2100		Intermediate 2350		Advanced 2600		Open 2601 & up	
8 Ball		8 Ball		8 Ball		5 Player Triple Play	
9 Ball		9 Ball		9 Ball		10 Ball	
10 Ball		10 Ball		10 Ball		Triple Play is	
5 Player Triple Play		5 Player Triple Play		5 Player Triple Play		8 Ball - 9 Ball - 10 Ball	

## Core Players

Player #1: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 (Captain) \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Player #2: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Player #3: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Player #4: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Player #5: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

## Alternate Players

Alt #1: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Alt #2: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Alt #3: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Alt #4: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Alt #5: \_\_\_\_\_ Fargo Rating: \_\_\_\_\_ Player's Card #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_