

This form to be mailed or Faxed to Antioch Paintball Park. with deposit 5 days prior to game day.

TEAM ROSTER



Antioch Paintball Park
1201 W. 10th St.
Antioch Ca. 94509

Phone: 925-757-2468
Fax: 925-757-8315

TEAM NAME: _____ TEAM CAPTAIN _____ CELL# _____

PLAY DATE: _____ CO-CAPTAIN _____ CELL# _____

DEPOSIT PER PERSON: \$ 10.00 TOTAL TEAM DEPOSIT: \$ _____

AMT. \$ _____ CREDIT CARD # _____ EXP. _____

CARDHOLDER _____ ADDRESS/PHONE _____

On Average: How many times has your team members played?

- | | | | | |
|--------------------------|----------------------------|----------------------------------|------------------------------|----------------------------|
| O | O | O | O | O |
| 1 to 3 times
(Novice) | 3 to 10 times
(Amateur) | 10 to 20 times
(Intermediate) | 20 to 40 times
(Advanced) | Too many to count
(Pro) |

ROSTER (For a Team Discount, You must have 6 or more players with a five day reservation).

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

PREFERENCE OF GAMES:
_____ CAPTURE THE FLAG
_____ CENTER FLAG

_____ SPEED BALL
_____ X BALL