

# Victoria Eight Ball Association

**Date:** \_\_\_\_\_

## **Letter of Authorization:**

**Name of Establishment:** \_\_\_\_\_

**Name of Manager:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Captain:** \_\_\_\_\_

We consent to the above team playing pool from our place of business every Wednesday night for the 2011/2012 season.