

APA New Team Registration Form

Final Team #: _____

Pending Team #: _____

Format: 8-Ball 9-Ball Masters

Night of Play: Sun Mon Tues Wed Thurs Fri Sat

Host Location: _____

Pick up /Drop off Location: _____

Captain: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____

Co-Captain: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____

Player 3: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____

Player 4: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____

Player 5: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____

Player 6: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____

Player 7: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____

Player 8: _____ Member #: _____

Ever Played in the APA? _____ Date of Birth: _____