



American Poolplayers Association, Inc. Brooklyn Queens APA Pool League

P.O. Box 380-828, Brooklyn, NY 11238 • phone: (917) 589-5867 • fax: (718) 228-8055 • MEETpeoplePLAYpool.com

TEAM REGISTRATION FORM



REGISTRATION FEE IS \$25 IF WE RECEIVE THIS BY FRIDAY MAY 10, 2019

**REGISTRATION FEE IS \$50 IF WE RECEIVE THIS AFTER
FRIDAY MAY 10, 2019**

HOST LOCATION: _____

NIGHT OF PLAY: _____

TEAM NAME: _____

FORMAT (check one):	
8-Ball	<input type="checkbox"/>
9-Ball	<input type="checkbox"/>
Double Jeopardy (8 & 9-Ball)	<input type="checkbox"/>

PLAYER #1 (CAPTAIN)

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

PLAYER #2 (CO-CAPTAIN)

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

PLAYER #3

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

PLAYER #4

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

PLAYER #5

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

PLAYER #6

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

PLAYER #7

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

PLAYER #8

Name: _____ APA Player # _____ (if you have one)
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____
 Email: _____ MALE or FEMALE (circle one)

****YOU MUST HAVE AT LEAST 5 PLAYERS TO REGISTER YOUR TEAM****

Ross Banfield, League Operator