



# American Poolplayers Association, Inc. Brooklyn Queens APA Pool League

P.O. Box 380-828, Brooklyn, NY 11238 • phone: (718) 622-0057 • fax: (718) 228-8055 • <http://brooklynqueens.apaleagues.com>

## TEAM REGISTRATION FORM

**\*\* THIS FORM MUST BE ACCOMPANIED BY A \$25 TEAM REGISTRATION FEE IF RECEIVED BY FRI, SEPT. 11. IF RECEIVED AFTER FRI, SEPT. 11, THE TEAM REGISTRATION FEE IS \$40.**

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: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt 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: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ MALE or FEMALE (circle one)

### PLAYER #3

Name: \_\_\_\_\_ APA Player # \_\_\_\_\_ (if you have one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ MALE or FEMALE (circle one)

### PLAYER #4

Name: \_\_\_\_\_ APA Player # \_\_\_\_\_ (if you have one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ MALE or FEMALE (circle one)

### PLAYER #5

Name: \_\_\_\_\_ APA Player # \_\_\_\_\_ (if you have one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ MALE or FEMALE (circle one)

### PLAYER #6

Name: \_\_\_\_\_ APA Player # \_\_\_\_\_ (if you have one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ MALE or FEMALE (circle one)

### PLAYER #7

Name: \_\_\_\_\_ APA Player # \_\_\_\_\_ (if you have one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ MALE or FEMALE (circle one)

### PLAYER #8

Name: \_\_\_\_\_ APA Player # \_\_\_\_\_ (if you have one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ MALE or FEMALE (circle one)

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

Ross Banfield, League Operator