



American Poolplayers Association, Inc. Brooklyn Queens APA Pool League

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

TEAM REGISTRATION FORM

REGISTRATION FEE IS \$25 IF WE RECEIVE THIS BY FRIDAY JUNE 11, 2021

REGISTRATION FEE IS \$50 IF WE RECEIVE THIS AFTER

8 PM FRIDAY JUNE 11, 2021



| | | | |
|--|---|---------------------------------|--------------------------|
| Team Name: _____ Night of play: _____ | Host Location; 1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____ | 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