



# 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](http://MEETpeoplePLAYpool.com)

## TEAM REGISTRATION FORM



REGISTRATION FEE IS \$25 IF WE RECEIVE THIS BY FRIDAY SEPTEMBER 6, 2019

**REGISTRATION FEE IS \$50 IF WE RECEIVE THIS AFTER  
8 PM FRIDAY SEPTEMBER 6, 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**