



www.amateurpoolleague.com

Sunday	Monday	Tuesday	Wednesday	Thursday

8-Ball	
9-Ball	

## TEAM REGISTRATION FORM

(Please Print Clearly)

DIVISION NUMBER: (Office Use Only)	TEAM NAME:
TAVERN NAME:	
TAVERN CONTACT PERSON & PHONE NUMBER:	
TAVERN ADDRESS:	

Captain Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____	Player #5 Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____
Player #2 Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____	Player #6 Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____
Player #3 Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____	Player #7 Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____
Player #4 Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____	Player #8 Name _____ Address _____ City _____ State ____ Zip _____ Home Phone _____ Cell _____ Established Handicap _____

Teams have (4)-four weeks to add and drop players after session starts. Player must list their established handicap in any league they have played in. If no handicap is established male players come in as a 4 handicap and female players come in at a 3 handicap, unless known player. All player information must be completed to play in the APL. Please return team registration form to: Amateur Pool League PO Box 603, Downingtown, PA 19335 or fax to: 610-269-5608.