



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 186, Downingtown, PA 19335 or fax to: 877-276-5075.

PO Box 186 Downingtown, PA 19335 Office: 610-269-8302 Fax: 877-276-5075

www.amateurpoolleague.com