



## APA POOL LEAGUE 9 BALL TEAM REGISTRATION FORM

TEAM NAME: \_\_\_\_\_ HOME LOCATION: \_\_\_\_\_  
NIGHT OF PLAY \_\_\_\_\_ SESSION: \_\_\_\_\_ 201 \_\_\_\_\_

### MARK ONE OF THE FOLLOWING

**( ) Existing Team:**

Please register our team with our current roster. We understand we can change players as needed during the first four weeks of play

**( ) New Team:**

Please register our team as listed below. We understand we can change players as needed during the first four weeks of play. Any player who has played in the Busch, Bud Light, or Camel Pool League or in the American Poolplayers Association before will play at the skill level he/she had when they last played, and any player who does not have a current

APA membership will pay their **\$25 membership fee by the first week.**

**PLEASE WRITE NEATLY**

### THE TEAM CAPTAIN IS REQUIRED TO HAVE A HOME TELEPHONE # AND WORK #

TEAM CAPTAIN: \_\_\_\_\_ PHONE \_\_\_\_\_ Work: \_\_\_\_\_

Address \_\_\_\_\_

PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

### MAIL TO ADDRESS BELOW OR RETURN IN TEAM ENVELOPE

RICHARD WHALEY, LEAGUE OPERATOR, P O BOX 215, LITHOPOLIS OH 43136  
Phone/Fax 614 833-1009