

TEAM REGISTRATION FORM

TOP GUN LEAGUE

TEAM NAME: _____ HOME LOCATION: _____
NIGHT OF PLAY _____ SESSION: _____ 200__

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 **\$20 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 _____

MAIL TO ADDRESS BELOW OR RETURN IN TEAM ENVELOPE

RICHARD WHALEY, LEAGUE OPERATOR
P O BOX 215
LITHOPOLIS OH 43136