



American Poolplayers Association, Inc. Brooklyn Queens APA Pool League

P.O. Box 380-828, Brooklyn, NY 11238 • phone: (718) 622-0057 • fax: (718) 228-8055 • <http://brooklynqueens.apaleagues.com>

TEAM REGISTRATION FORM

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: _____ Primary Phone #: _____ Alt 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: _____ Primary Phone #: _____ Alt Phone #: _____
Email: _____ MALE or FEMALE (circle one)

PLAYER #3

Name: _____ APA Player # _____ (if you have one)
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Primary Phone #: _____ Alt Phone #: _____
Email: _____ MALE or FEMALE (circle one)

PLAYER #4

Name: _____ APA Player # _____ (if you have one)
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Primary Phone #: _____ Alt Phone #: _____
Email: _____ MALE or FEMALE (circle one)

PLAYER #5

Name: _____ APA Player # _____ (if you have one)
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Primary Phone #: _____ Alt Phone #: _____
Email: _____ MALE or FEMALE (circle one)

PLAYER #6

Name: _____ APA Player # _____ (if you have one)
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Primary Phone #: _____ Alt Phone #: _____
Email: _____ MALE or FEMALE (circle one)

PLAYER #7

Name: _____ APA Player # _____ (if you have one)
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Primary Phone #: _____ Alt Phone #: _____
Email: _____ MALE or FEMALE (circle one)

PLAYER #8

Name: _____ APA Player # _____ (if you have one)
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Primary Phone #: _____ Alt Phone #: _____
Email: _____ MALE or FEMALE (circle one)

****YOU MUST HAVE AT LEAST 5 PLAYERS TO REGISTER YOUR TEAM****

Ross Banfield, League Operator