

# APA Team Registration Form

## 8-Ball

Team Name: \_\_\_\_\_

Home Location: \_\_\_\_\_

Location Address: \_\_\_\_\_

\_\_\_\_\_

Location Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

### Mark one of the Following

Existing Team: Please register our team with the roster below. We understand that we can change players through the first four weeks of play.

New Team: Please register our team with the roster below. We understand that we can change players through the first four weeks of play. Any player who has played in the APA before will play at their last skill level. Any player who does not have a current APA membership will pay their \$25.00 membership by the first week of play.

<u>Player:</u>	<u>Skill level:</u> (if known)	<u>Phone number:</u>
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Captain \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

#6 \_\_\_\_\_

#7 \_\_\_\_\_

#8 \_\_\_\_\_

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