

APA Team Registration Form

9-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>
----------------	-----------------------------------	----------------------

Captain _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

#8 _____

APA of Southwestern PA
1915 Kennedy Blvd.
Aliquippa, PA 15001
724.601.1614
Fax 724-378-6299
apaswpa@verizon.net