



TEAM REGISTRATION FORM

APA, 1507 HERITAGE DR. VALRICO, FLORIDA 33594 OFFICE: 813-684-3190 FAX: 813-661-0869

REGISTER WITH THIS FORM OR YOU CAN GO ON LINE TO REGISTER AT <http://POLKCOUNTY.APALEAGUES.COM>

IS THIS A NEW TEAM? _____ REFERRING MEMBER NAME OR PLAYER # _____

OLD DIVISION/TEAM # OR TEAM NAME: _____

NEW TEAM NAME: _____

LEAGUE FORMAT: _____

WHICH NIGHT OF WEEK WILL YOUR TEAM PLAY: _____

HOSTING LOCATION: _____

CAPTAIN'S NAME: _____

CAPTAIN'S EMAIL: _____ DATE OF BIRTH: _____

APA PLAYER #: _____ CONTACT PHONE: _____ OTHER PHONE: _____

TEAM MEMBERS IF KNOWN AT THIS TIME (THESE ARE SUBJECT TO CHANGE ON FIRST NIGHT OF PLAY)

CO-CAPT: _____ APA/NEW EMAIL or PH #: _____

PLAYER #3: _____ APA/NEW EMAIL or PH #: _____

PLAYER #4: _____ APA/NEW EMAIL or PH #: _____

PLAYER #5: _____ APA/NEW EMAIL or PH #: _____

PLAYER #6: _____ APA/NEW EMAIL or PH #: _____

PLAYER #7: _____ APA/NEW EMAIL or PH #: _____

PLAYER #8: _____ APA/NEW EMAIL or PH #: _____

FORMATS: 8-BALL, 9-BALL

NIGHTS OF PLAY NOW OFFERED WITH 4 OR MORE TEAMS: MONDAY, TUESDAY, WEDNESDAY, THURSDAY

COMMENTS: (TRAVEL/IN-HOUSE/SPECIAL REQUEST/QUESTIONS YOU HAVE (for more space use back of form))