

NEW
Circle if new team, this session
TEAM

CAPE FEAR APA POOL LEAGUE
(A franchise of The American Poolplayers Association)
TEAM REGISTRATION FORM

EXISTING
Circle if team played last session
TEAM

Team organizers should gather several friends, relatives, or co-workers for their team.
Our preferred day of play is:

Mon _____ **Tue** _____ **Wed** _____ **Thur** _____ **Fri** _____ **Sat** _____ **Sun** _____
8-Ball Hoke Co. 9-Ball Masters Open Open 8-Ball

Host Location: _____ **Phone:** _____

Captains Address: _____
Street City State Zip Code
(Address must be correct to mail score sheets)

Team Name: _____
(Team Names are very important – Keep them clean)

TEAM CAPTAINS MUST HAVE A PHONE!

APA # or New Team Rosters (Must be 18 or older **annotate if under 21**, Junior Divisions 13-17)

_____ **Captain:** _____ **Phone:** _____

_____ **Co-Captain:** _____ **Phone:** _____

_____ **Player 3:** _____ **Phone:** _____

_____ **Player 4:** _____ **Phone:** _____

_____ **Player 5:** _____ **Phone:** _____

_____ **Player 6:** _____ **Phone:** _____

_____ **Player 7:** _____ **Phone:** _____

_____ **Player 8:** _____ **Phone:** _____

Previous or current APA members (out of state included) play at their established handicaps.

INSRTUCTIONS TO TEAM ORGANIZERS: Please call the league office when you've decided to organize a team. We may be able to help you recruit players, and we will need to schedule your team in a division. **REMEMBER:** the "best" team has a range of player's skill levels. A reliable player is more important to your team than a player that "always wins" but shows up when he /she wants to.

CAPE FEAR APA
Tom & Lu Dosier, League Operators

Office (910) 494-3951

www.capefear.apaleagues.com

Call League Office for
Captains Meeting and Starting Dates
for next session: