

Northern Nevada American Poolplayers Association (APA)

Team Registration Form



WEB: NorthernNevada.apaleagues.com

E-MAIL: nvpool@yahoo.com

FACEBOOK: facebook.com/APApool

PHONE: 775-443-8844 (call or text)

Session (Circle One): Spring Summer Fall Team Name _____

Home Location _____ Day of Play (Circle One): Mon Tues Wed Thurs Fri Sat

Play Starts (Month, Day) _____ at _____ pm

FALL SESSION STARTS ON SEPTEMBER 2ND.

Note: Changes can be made to the roster as needed during the first 4 weeks of play.

Teams must include a minimum of 5 players. A maximum of 8 players are permitted.

THIS FORM **MUST INCLUDE AT LEAST 5 NAMES** (FIRST & LAST), ALONG WITH AT LEAST

PLAYER NAME	PHONE NUMBER	E-MAIL
1. Captain:	(phone required)	
2.		
3.		
4.		
5.		
6.		
7.		
8.		