

# Northern Nevada American Poolplayers Association (APA)

## *Team Registration Form*



WEB: NorthernNevada.apaleagues.com

E-MAIL: [sallison@apaleagues.com](mailto:sallison@apaleagues.com)

FACEBOOK: [facebook.com/APApool](https://www.facebook.com/APApool)

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

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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 6TH (THE DAY AFTER LABOR DAY)**

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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. <b>Captain:</b>	(phone required)	
2.		
3.		
4.		
5.		
6.		
7.		
8.		