

**Central Virginia APA  
LEAGUE TEAM REGISTRATION FORM**



Team Name: \_\_\_\_\_ Home Location: \_\_\_\_\_

Please Circle Day of Play:    SAT    SUN    MON    TUE    WED    THU    FRI

8-Ball \_\_\_\_\_ 9-Ball \_\_\_\_\_ 7' Table \_\_\_\_\_ 8' Table \_\_\_\_\_ 9' Table \_\_\_\_\_

Division #/Name: \_\_\_\_\_ Pick Up/Drop Off Location: \_\_\_\_\_

PLEASE MARK ONE OF THE FOLLOWING

\_\_\_\_\_ Existing Team: Please register our team with our current roster. We understand we can change players as needed during the first four weeks of play.

\_\_\_\_\_ Existing Team: Please register our team with the roster listed below. We understand we can change players as needed during the first four weeks of play.

\_\_\_\_\_ New Team: Please register our team as listed below. We understand we can change players as needed during the first four weeks of play. Any player who has played in the APA Pool League will play at the skill level he/she had when they last played. Any new player will pay their \$20 membership and complete a membership application by or on the first night of play.

	NAME	APA#	PHONE
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TEAM CAPTAIN: \_\_\_\_\_

CO-CAPTAIN: \_\_\_\_\_

PLAYER 3: \_\_\_\_\_

PLAYER 4: \_\_\_\_\_

PLAYER 5: \_\_\_\_\_

PLAYER 6: \_\_\_\_\_

PLAYER 7: \_\_\_\_\_

PLAYER 8: \_\_\_\_\_

For more information, call Dawn Buchanan or Marguerite Rueger.

**Central Virginia APA  
American Poolplayers Association  
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Richmond, Virginia 23233**

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