



APA WORLD POOL CHAMPIONSHIPS TOURNAMENT REGISTRATION FORM

FORMAT: 8-BALL 9-BALL (PLEASE CIRCLE ONE)

Team Name:

Team #

(APA USE ONLY)

Tournament Year:

Team Captain Name:

Member#:

Address:

**SS#:

City:

State:

Zip:

Phone () -

Player Signature:

Name:

Member#:

Address:

**SS#:

City:

State:

Zip:

Phone () -

Player Signature:

Name:

Member#:

Address:

**SS#:

City:

State:

Zip:

Phone () -

Player Signature:

Name:

Member#:

Address:

**SS#:

City:

State:

Zip:

Phone () -

Player Signature:

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Player Signature:

Name:

Member#:

Address:

**SS#:

City:

State:

Zip:

Phone () -

Player Signature:

Name:

Member#:

Address:

**SS#:

City:

State:

Zip:

Phone () -

Player Signature:

Name:

Member#:

Address:

**SS#:

City:

State:

Zip:

Phone () -

Player Signature:

**Social Security numbers are used for tax purposes only and are kept confidential. APA must have each team member's Social Security number on file prior to any prize money distribution.