



TAP POOL LEAGUE 8 or 9 BALL

TEAM REGISTRATION FORM

TEAM NAME: _____ HOME LOCATION: _____

NIGHT OF PLAY: _____ SESSION: _____ 20____

MARK ONE OF THE FOLLOWING

EXISTING TEAM:

Please register our team as listed below. We understand we can change players as needed during the first six weeks of play.

NEW TEAM:

Please register our team as listed below. We understand we can change players as needed during the first six weeks of play. Any player who has played in the Busch, Bud Light, Camel Pool League or the American Poolplayers Association before will play (1) skill level below he/she had when they last played in another League, and any player who does not have a current TAP membership will pay their **\$20 membership fee by the second week.**

PLEASE PRINT CLEARLY

EMAIL: _____

THE TEAM CAPTAIN/ MANAGER IS REQUIRED TO HAVE A WORKING PHONE NUMBER AND EMAIL

TEAM CAPTAIN: _____ PHONE _____

ADDRESS _____

PLAYER _____ PHONE _____

PLAYER _____ PHONE _____

PLAYER _____ PHONE _____

PLAYER _____ PHONE _____

PLAYER _____ PHONE _____

PLAYER _____ PHONE _____

PLAYER _____ PHONE _____

MAIL TO ADDRESS BELOW OR RETURN to via EMAIL:

Robert Richmond 20228 Main St. Upper Sandusky, Ohio 43351

PHONE: 614-753-3125

E-MAIL TO: ncoho@gmail.com

(Revised 08/24/2016 Upper Sandusky Ohio TAP LEAGUE ©)

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