AMATEUR POOL LEAGUE

"More For The Player"

Sunday	Monday	Tuesday	Wednesday	Thursday

8-Ball	
9-Ball	

INDIVIDUAL REGISTRATION FORM

(Please Print Clearly)

DIVISION NUMBER: (Office Use Only)
PLAYER NAME:
ADDRESS:
CITY:
STATE:
ZIP:
*ESTABLISHED HANDICAP (If applicable)

*Player must list their established handicap in any league they have played in. If no handicap is established male players come in as a 4 handicap and female players come in at a 3 handicap, unless known player.

COMMENTS:

All player information must be completed to play in the APL. Please return team registration form to: Amateur Pool League PO Box 603, Downingtown, PA 19335 or fax to: 610-269-5608.

PO Box 603 Downingtown, PA 19335 Office: 610-269-8302 Fax: 610-269-5608
www.amateurpoolleague.com