

# New Team Registration Form

## SPRING session

Spring session will begin Jan. 16th  
and last 15 weeks plus 2 playoff weeks.  
Please register with this form by Jan. 10th.



APA Pool League of NYC  
P.O. Box 422  
Cresskill, NJ 07626  
(201) 569-2602  
[nycpool@aol.com](mailto:nycpool@aol.com)

Mark one with an X: Sunday (4pm)  Monday (7pm)  Tuesday (7pm)  Wednesday (7pm)

Bar \_\_\_\_\_ Team Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### Captain

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

### Co-Captain

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ m  f  address \_\_\_\_\_ APA ID# \_\_\_\_\_  
H ph \_\_\_\_\_ C ph \_\_\_\_\_ email \_\_\_\_\_

New members joining your team should pay their membership fees in advance.

Form Completed by \_\_\_\_\_ Date \_\_\_\_\_

Please fill out this form and email to [nycpool@aol.com](mailto:nycpool@aol.com).