



# Team Registration Form

Team Name: \_\_\_\_\_

Home Location: \_\_\_\_\_

Day of Play: **SA SU MON TU WED TH FR**

MARK ONE OF THE FOLLOWING:

**Existing Team**

Please register our team with our current roster. We understand that 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 that we can change players as needed during the first four weeks of play.

**New Team**

Please register our team with the roster listed below. We understand that we can change players as needed during the first four weeks of play. Any player who does not have a current APA membership will pay their \$25 membership fee by the first week.

## USE THIS ROSTER FOR NEW TEAMS OR EXISTING TEAMS WITH CHANGES:

*The team captain is required to have a telephone number*

Team Captain: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player #2: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player #3: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player #4: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player #5: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player #6: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player #7: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player #8: \_\_\_\_\_

Telephone: \_\_\_\_\_

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