



TEAM REGISTRATION FORM www.ecfapa.com 386-788-0729

Session Starts: _____ Night of Play: Su M T W Th F Sa

Current Team Name: _____ Home Location: _____

New Team Name: _____ Home Location: _____

Please circle your pick-up/drop off location:

Uncle Waldo's ~ Brown's ~ Babes ~ Pam's house ~ Surf ~ SportsDeck ~ Stingray's ~ Critters

MARK ONE OF THE FOLLOWING & RETURN BY WEEK 14 OF THIS SESSION

() Existing Team – Same Roster

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 – New Roster

Please register our team with the roster listed on the bottom this page. 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 on the bottom of this page. 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.

() OUR TEAM WILL NOT PLAY THIS SESSION

We know that we lose all eligibility to higher level tournaments that we have previously qualified for when we sit out a session.

() OUR TEAM MEMBER _____ (Name) KNOWS OF ANOTHER TEAM THAT WOULD LIKE TO JOIN APA. The new team captains name & phone number is listed below. Be sure to fill out the Incentive Form so you can receive your Incentive Awards.

**Use this roster for new teams or existing teams with changes:
(Team captain is required to have a telephone)**

Team Captain: _____ Player #: _____ Phone: _____

Co-Captain: _____ Player #: _____ Phone: _____

Player: _____ Player #: _____ Phone: _____

Player: _____ Player #: _____ Phone: _____

Player: _____ Player #: _____ Phone: _____

Player: _____ Player #: _____ Phone: _____

Player: _____ Player #: _____ Phone: _____

Player: _____ Player #: _____ Phone: _____