Administrator use only.
☐ NEW ☐ RENEWAL
PLAYER ID#:
LOCATION:
NIGHT PLAYED:
TEAM :
DIVISION:

Date of Birth_____/_____/_____

NAME: FIRST NAME / LAST NAME M F

ADDRESS:

CITY: STATE: ZIP CODE:

E-MAIL:

CELL PHONE:

1. HAVE YOU EVER BEEN A MEMBER OF T.A.P. POOL LEAGUE? YES NO HANDICAP? _____

2. HAVE YOU EVER BEEN A MEMBER OF ANOTHER HANDICAPPED LEAGUE? YES NO

IF YOU ANSWERED YES TO QUESTION 2, LEAGUE NAME? _____ HANDICAP? _____

ARE YOU INTERESTED IN LEAGUE APPAREL? YES NO SHIRT SIZE: S M L XL XXL

DO YOU OWN YOUR OWN CUE? YES NO IF YES WHAT BRAND_____

BENEFITS: THE ASSOCIATION FOR P.O.O.L., INC. PROVIDES THEIR MEMBERS WITH SCORE SHEETS, TEAM STATISTICS, INDIVIDUAL STATISTICS, AND ROSTERS OF THE TEAMS IN THEIR DIVISION. THE ASSOCIATION WILL ALSO PROVIDE THE OPPORTUNITY FOR DIVISIONAL PLAYOFFS, "TITLEHOLDERS" TOURNAMENTS, TROPHIES, AND CASH PRIZES. AS AN ASSOCIATION MEMBER YOU MAY BE ENTITLED TO DISCOUNTS FROM LOCAL AREA BUSINESSES AND BILLIARD ESTABLISHMENTS. DISCOUNTS AND PRIZES ARE SUBJECT TO CHANGE AND MAY VARY ACROSS THE UNITED STATES.

ANNUAL MEMBERSHIP FEE: $20.00.

AMOUNT PAID: _____ ☐ CHECK ☐ CASH

TERMS: ALL APPLICANTS MUST AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION FOR P.O.O.L., INC. AND THE LEAGUE IN WHICH THEY PARTICIPATE.
ALL MEMBERS MUST EXHIBIT COURTESY AND SPORTSMANLIKE CONDUCT DURING ALL LEAGUE ACTIVITIES.
ANY MEMBERS IN VOILATION ARE SUBJECT TO REVOCATION OF MEMBERSHIP.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE, AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED HEREIN.

SIGNATURE: _____ DATE: _____