

Team Registration Form

Session Starts (/ /)

Registration Deadline (/ /)

Division Name: _____

Team Name: _____

Home Location: _____

PU/Drop 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)**

Team Captain: _____ **Telephone:** _____

Player #2: _____ **Telephone:** _____

Player #3: _____ **Telephone:** _____

Player #4: _____ **Telephone:** _____

Player #5: _____ **Telephone:** _____

Player #6: _____ **Telephone:** _____

Player #7: _____ **Telephone:** _____

Player #8: _____ **Telephone:** _____