Current/New 8- Ball 1	Feam Registratio	on Form	3-M	an		5	-Man				3	poo lea		
Team Name Loc						cation			Session					
Captain						Co-Captain								
First, Last Name	ame					First, Last Name								
Street						Street								
City, State, Zip Code						City, State, Zip Code								
Phone Number						Phone Number								
Email	·					Email								
Birthday					Birtho	day								
Handicap if available (for new BCAPL players)						Handicap if available (for new BCAPL players)								
Fargo Rating	BCAPL	Valley	TAP		Fargo	Rating		BCAPL		Valley		TAP		
APA 9-Ball	8-Ball				APA	9-Ball		8-Ball						
	T				1			T						
First, Last Name	ame					Last Nam	e							
Street						Street								
City, State, Zip Code						City, State, Zip Code								
Phone Number						Phone Number								
Email					Email									
Birthday					Birthday									
Handicap if available (for new BCAPL players)						Handicap if available (for new BCAPL players)								
Fargo Rating	BCAPL	Valley	TAP		Fargo	Rating		BCAPL		Valley		TAP		
APA 9-Ball	8-Ball				APA	9-Ball		8-Ball						
First, Last Name					First,	Last Nam	е							
Street					Street									
City, State, Zip Code					City, S	State, Zip	Code							
Phone Number					Phone Number									
Email					Email									
Birthday					Birthday									
Handicap if available	andicap if available (for new BCAPL players)													
Fargo Rating	BCAPL	Valley	TAP		Fargo	Rating		BCAPL		Valley		TAP		
APA 9-Ball	8-Ball	<u>.</u> ]		•	APA	9-Ball		8-Ball		-	•	•	•	