Current/New 8- Ball Team Registration Form **3-Man** ☐ **5-Man** ☐

Team Name _____ **Location** Brickyard Billiards **Session** Summer

Captain		**Co-Captain**	
First, Last Name		**First, Last Name**	
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)

Fargo Rating		BCAPL		Valley		TAP	
APA	9-Ball		8-Ball				

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APA	9-Ball		8-Ball				

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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)

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