



Team Registration Form

Next Session Starts: the week of June 1st 2009

Early Registration Deadline: May 6th, 2009 / Final Deadline: May 22nd, 2009

Division Name: _____

Team Name: _____

Home 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.

Modified 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 THE ROSTER BELOW FOR NEW TEAMS OR MODIFIED TEAMS:
(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:** _____