

Team Registration Form

Team Organizer: _____

Team Name: _____

Home Location: _____



Day of Play: SA SU MO 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: _____

CoCaptain: _____ Telephone: _____

Player #3: _____ Telephone: _____

Player #4: _____ Telephone: _____

Player #5: _____ Telephone: _____

Player #6: _____ Telephone: _____

Player #7: _____ Telephone: _____

Player #8: _____ Telephone: _____

**New members can register and pay their annual membership at heartofthebay.apaleagues.com.

For questions or comments, please contact the League Operator, Cynthia Phillips
Email: cphillips@apaleagues.com Phone: 510-886-POOL.