

Pool's Amateur Tour



Administrator use only. License# 112

NEW RENEWAL

LICENSE# 112

PLAYER ID#:

LOCATION:

NIGHT PLAYED:

TEAM :

DIVISION:

Date of Birth ____/____/____

NAME: FIRST NAME/ LAST NAME

M F

Grid for name input

ADDRESS:

Grid for address input

CITY:

STATE:

ZIP CODE:

Grids for city, state, and zip code input

EMAIL ADDRESS:

Grid for email address input

HOME PHONE:

CELL PHONE:

Grids for home and cell phone input

RECRUITER: FIRST NAME/ LAST NAME

PLAYER ID#

Grids for recruiter name and player ID input

1. HAVE YOU EVER BEEN A MEMBER OF THE ASSOCIATION FOR P.O.O.L., INC.? YES NO

2. HAVE YOU EVER BEEN A MEMBER OF ANOTHER HANDICAP LEAGUE? YES NO

IF YOU ANSWERED YES TO QUESTION 1 OR 2, WHAT WAS YOUR HANDICAP? _____

ARE YOU INTERESTED IN LEAGUE APPAREL? YES NO SHIRT SIZE: S M L XL XXL

DO YOU OWN YOUR OWN CUE? YES NO - IF YES WHAT BRAND _____

CHECK DESIRED LEAGUE FORMAT:

Form with checkboxes for league formats: MIXED TEAM 8-BALL, MIXED TEAM 9-BALL, TOURNAMENTS, BAR BOX, NINE FOOT

TERMS: ALL APPLICANTS MUST AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION FOR P.O.O.L., INC. AND THE LEAGUE IN WHICH THEY PARTICIPATE.

ALL ASSOCIATION MEMBERS MUST EXHIBIT COURTESY AND SPORTSMANLIKE CONDUCT DURING ALL ASSOCIATION AND LEAGUE ACTIVITIES.

BENEFITS: THE ASSOCIATION FOR P.O.O.L., INC. PROVIDES THEIR MEMBERS WITH SCORE SHEETS, TEAM STATISTICS, INDIVIDUAL STATISTICS, AND ROSTERS OF THE TEAMS IN THEIR DIVISION. THE ASSOCIATION WILL ALSO PROVIDE THE OPPORTUNITY FOR DIVISIONAL PLAYOFFS, "TITLEHOLDERS" TOURNAMENTS, TROPHIES, AND CASH PRIZES. AS AN ASSOCIATION MEMBER YOU MAY BE ENTITLED TO DISCOUNTS FROM LOCAL AREA BUSINESSES AND BILLIARD ESTABLISHMENTS. DISCOUNTS AND PRIZES ARE SUBJECT TO CHANGE AND MAY VARY ACROSS THE UNITED STATES.

ANNUAL MEMBERSHIP FEE: \$20.00.

AMOUNT PAID: _____ CHECK CASH

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE, AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED HEREIN.

SIGNATURE: _____ DATE: _____