



2014 TAP Nationals

10 Ball Team Registration

Licensees: Please complete this form and submit with payment to be received by Oct. 13th. No Entries will be accepted after this date/midnight. All checks should be submitted with this form, made payable to TAP, LLC and sent to P.O. Box 574, Halifax, PA 17032. Fee is \$700.00 per team. Any questions, please email kelly@tapleague.com.

PLAYERS MUST HAVE A CURRENT TAP MEMBERSHIP CARD WITH THEM OR THEY WILL NOT BE ALLOWED TO PLAY. ID CAN BE VERIFIED BY THE CAPTAINS OF THE TEAMS, THEY ARE PLAYING.
Licensees; It is your responsibility to make sure all National Team Players from your territory have their current TAP Memberships, prior to the event; That they meet National Requirements of 6 matches in the format. Completion of this form is verification of this. Whether you have weekly or tournament play in format, all score sheets must be through Pool Net and the Tournament Module for the format and should be used for the qualifying tournaments. Player must have 6 matches played from June 23rd to Oct. 13th, and must be on an active roster/tournament module. All players on roster must play as a team in their own territory and must have played in team tournaments through the tournament module together as a team. This is NOT a dream team event.

LICENSEE / OPERATOR NAME:	LICENSEE ID #
LICENSEE TERRITORY / LEAGUE NAME:	STATE/PROV.

TEAM NAME :							
TEAM CAPTAIN'S NAME & PHONE							
CAPTAIN'S EMAIL		ANY PLAYER - SMART PHONE/ TABLET? Y OR N TYPE?					
PLAYER 1 ID #		HDCP LEVEL		NAME		A	R
PLAYER 2 ID #		HDCP LEVEL		NAME		A	R
PLAYER 3 ID #		HDCP LEVEL		NAME		A	R
PLAYER 4 ID #		HDCP LEVEL		NAME		A	R
PLAYER 5 ID #		HDCP LEVEL		NAME		A	R
PLAYER 6 ID #		HDCP LEVEL		NAME		A	R
PLAYER 7 ID #		HDCP LEVEL		NAME		A	R
PLAYER 8 ID #		HDCP LEVEL		NAME		A	R

SESSION QUALIFIED: (CIRCLE ONE) SPRING SUMMER FALL

(CIRCLE ONE) YEAR 2013 YEAR 2014