



2014 NATIONALS

8 BALL SCOTCH DOUBLES

REGISTRATION FORM

PLAYERS / LICENSEES: Please complete this form and submit with the payment to be received by OCT 13TH . No Entries will be accepted after this date/midnight, no exceptions or sign-ups will be taken at this event. All Checks should be submitted, with this form made payable to TAP, LLC and sent to P.O. Box 574, Halifax, PA 17032. NO FAXES PLEASE. Email kelly@tapleague.com with any questions.

PLAYERS MUST HAVE A CURRENT TAP MEMBERSHIP CARD WITH THEM, OR THEY WILL NOT BE ALLOWED TO PLAY. ID CAN BE VERIFIED BY THE OPPONENTS IN YOUR EVENT.

Fee is \$125 per TEAM. Registration fees will not be deposited until after handicap audits are done. Once handicaps determined, players/teams will be put in the event. Email will be sent and notice published, Players will have 48 hours to have entry returned. After that money will be deposited and not returned for any reason. Players must have a minimum of 6 matches played together in weekly play and /or tournaments held by licensees and score sheets through Pool Net from June 23rd to Oct. 13th. Scotch Doubles Event is Double Elimination.

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

PLAYER 1 NAME & ID #:
PLAYER 2 NAME & ID #:
PLAYER EMAIL:
PLAYER PHONE: EITHER PLAYER – SMART PHONE/TABLET? Y OR N TYPE:

8-BALL SCOTCH DOUBLES ALL HANDICAPS IN ONE BRACKET (PLEASE CIRCLE YOUR COMBINED CAP)

FEE	HANDICAP 2	HANDICAP 3	HANDICAP 4	HANDICAP 5	HANDICAP 6	HANDICAP 7
\$125.00						

TEAM ID #:	HANDICAP LEVEL:
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ARE YOU IN THE TEAM EVENT ALSO? IF YES IS IT ONE TEAM OR TWO (PLEASE CIRCLE)

ONE TEAM

TWO TEAMS

TEAM NAMES :

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THE BELOW INFORMATION IS FOR OFFICE USE ONLY:

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