



2017 NATIONALS 8 & 9 BALL SINGLES REGISTRATION FORM

PLAYERS / LICENSEES: Please complete this form and submit with the payment to be received by Sept 25th. 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 368, Dauphin, PA 17018. 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. You must play in format to sign up.

Fee is \$125 per PLAYER for ALL Handicap Brackets. This form is for 8 and 9 Ball, please circle appropriate box. Once handicaps determined, player will be put in the singles bracket handicap system determines. Email will be sent and notice published, Players will have 48 hours to have to decide if playing. After that, they will be kept in tournament no money will be returned. Must meet all national qualifications and requirements, please see rule book. Singles Events are Round Robin to Single Elimination. Players must have 6 matches played from June 5th to Sept. 25th.

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

| | |
|---------------|---------------------------------------|
| PLAYER NAME: | |
| PLAYER EMAIL: | |
| PLAYER PHONE: | SMART PHONE/TABLET? Y or N TYPE: |

8-BALL SINGLES HANDICAP BRACKET (PLEASE CIRCLE)

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

9-BALL SINGLES HANDICAP BRACKET (PLEASE CIRCLE the Handicap Bracket)

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|----------|----------|----------|----------|
| FEE | HANDICAP | HANDICAP | HANDICAP |
| \$125.00 | 2/3 | 4/5 | 6/7 |

| | |
|-----------------------|-----------------|
| MEMBER / PLAYER ID #: | HANDICAP LEVEL: |
|-----------------------|-----------------|

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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