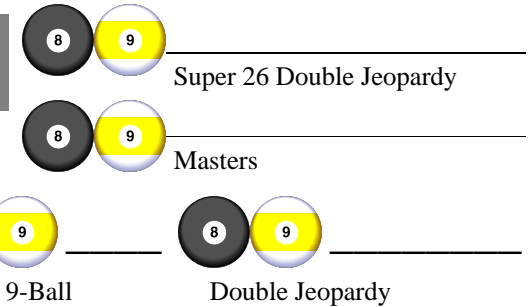




# TEAM REGISTRATION FORM

## SUMMER SESSION 2009



(\* required fields)

Day of Play: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Sun \_\_\_

Referred by \_\_\_\_\_ Division \_\_\_\_\_

**Team Name** \_\_\_\_\_

Host Location Name \_\_\_\_\_

Host Location Address \_\_\_\_\_

(include zip code) \_\_\_\_\_

Host Location Phone #\_( ) \_\_\_\_\_

**Session begins  
week of  
May 11, 2009**

May we give your e-mail address to division reps or other league members?  
Yes No

Player Name	APA #	Address	Phone #	E-Mail Address	Yes	No
Team Captain (Must have Phone #) *	*	*	( )			
Co-Captain			( )			
			( )			
			( )			
			( )			
			( )			
			( )			
			( )			

A **Team Deposit** of \$35 is required for all teams to prepay your last week of team fees

**Registration Deadline: May 5, 2009**

Options: Turn in with your weekly packet

Mail in to arrive by May 5, 2009 OPAL, 1280 70th Ave SE, Salem OR 97317

Fax: 503-243-6725 or Email to APABoomer@aol.com

Bring to the information meeting May 5 at 7 pm at Rodder's, 19195 S Molalla, Oregon City, 503-650-2363