



TEAM REGISTRATION FORM

SPRING SESSION 2011

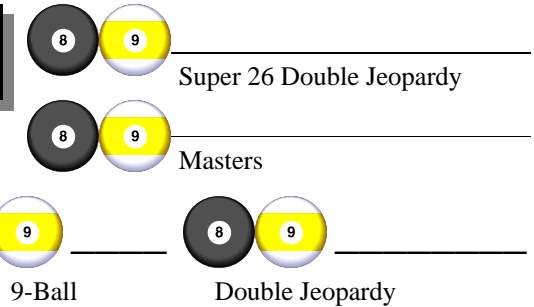
(* required fields)

* Day of Play: Mon ___ Tues ___ Wed ___ Thurs ___ Sun ___

Referred by _____ *Division _____

Team Name* _____

Host Location Name* _____
Host Location Address _____ Required for new locations
 (include zip code) _____
Host Location Phone #_()_____ Required for new locations



**Session begins
week of
January 3, 2011**



Electronic Divisions must have an E-Mail Address for the captain or co-captain

Player Name	APA #	Address	Phone #			
Team Captain (Must have Phone #) *	*	*	(*)			
Co-Captain			()			
			()			
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A **Team Deposit** of \$35 is required for all teams to prepay your last week of team fees

Registration Deadline: December 28, 2010

Options: Turn in with your weekly packet
 Mail in to arrive by December 28 OPAL, 1280 70th Ave SE, Salem OR 97317
 Fax: 503-243-6725 or Email to APABoomer@aol.com
 Bring to the information meeting December 28 at 7 pm at Rodder's, 19195 S Molalla, Oregon City, 503-650-2363