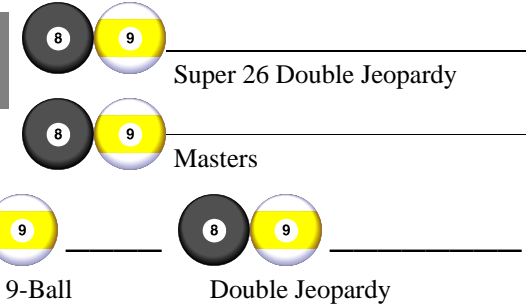




TEAM REGISTRATION FORM

FALL SESSION 2010



(*) 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
September 6, 2010**

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: August 31, 2010

Attention: Monday teams The first week of play is Labor Day, Sept 6. Please indicate below as to whether or not your team will be able to play that day.
 ___ **Yes we can play**
 ___ **No, we need to schedule a makeup**
 Please check one.

Options: Turn in with your weekly packet
 Mail in to arrive by August 31 OPAL, 1280 70th Ave SE, Salem OR 97317
 Fax: 503-243-6725 or Email to APABoomer@aol.com
 Bring to the information meeting August 31 at 7 pm at Rodder's, 19195 S Molalla, Oregon City, 503-650-2363