


Pool's Amateur Tour



 Team Registration Form

Your League
Name Here

	DAY	8 - BALL 9 FOOT	8 - BALL BAR BOX	9 - BALL 9 FOOT	9 - BALL BAR BOX

DIVISION NAME:

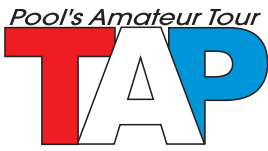
TEAM NAME:



	PLAYER NAME	MEMBER ID	APP	PAID

Please Designate the team captin and their home and work number.

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Your League name Here

DIVISION:

WEEK #

9 Ball Players Race to Handicap

DATE:
NOTES:

HOME TEAM NAME	TEAM #	WINS
VISITOR TEAM NAME	TEAM #	WINS

Match #1

Home Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L

Match #2

Home Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L

Match #3

Home Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L

Match #4

Home Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L

Match #5

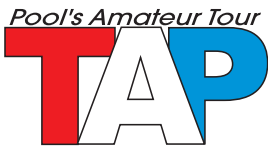
Home Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>		Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	9 Brk	B & R	Match	W	L

Home Team Captain Initials _____ Visiting Team Captain Initials _____

Your Name & Number Here

Your FAX Here

Your Web Address Here



Your League name Here

DIVISION:

WEEK #

DATE: _____
NOTES: _____

HOME TEAM NAME	TEAM #	WINS
VISITOR TEAM NAME	TEAM #	WINS

Handicap
PLAYER

OPPONENT

↔	2	3	4	5	6	7
2	2/2	2/3	2/4	2/5	2/6	2/6
3	3/2	2/2	2/3	2/4	2/5	2/6
4	4/2	3/2	3/3	3/4	3/5	2/5
5	5/2	4/2	4/3	4/4	4/5	3/5
6	6/2	5/2	5/3	5/4	5/5	4/5
7	6/2	6/2	5/2	5/3	5/4	5/5

Match #1

Home Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									

Match #2

Home Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									

Match #3

Home Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									

Match #4

Home Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									

Match #5

Home Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									
Visiting Player:										ID#		H/C:		Race To:		Time Out:		1	2	3	4	5	6	7	8	9
add player	Dead Balls	Comp:	<input type="checkbox"/>	Miss:	<input type="checkbox"/>	DEF:	<input type="checkbox"/>	MOB:	<input type="checkbox"/>	LOT:	<input type="checkbox"/>	Games Won	<input type="checkbox"/>	Games Lost	<input type="checkbox"/>	8 Brk	B & R	Match								
	Made E-8																	W								
	L																									

Home Team Captain Initials _____ Visiting Team Captain Initials _____

Your Name & Number Here

Your FAX Here

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