



SINGLES

REGISTRATION FORM

15TH RALLY IN THE VALLEY EVENT

Captains / Players / Licensees: Please complete this form and submit with payment to be received by **Feb. 15th**. No entries will be accepted after this date (**Midnight**). No exceptions or signups will be done at this event. **All checks** are to be submitted with this form made payable to TAP,LLC and sent to P.O. Box 574, Halifax, PA 17032. **NO FAXES PLEASE** **Players must have a current TAP Membership Card** with them or they will not be permitted to play. ID will be verified by the opponents in this event. Fee is \$75.00 per player for the 2/3 handicap bracket. Fee is \$125.00 per player for the handicap 4 through 7 bracket. Registrations are non-refundable, but transferable.
PLEASE PRINT CLEARLY.

LICENSEE NAME:	LICENSEE ID #
LICENSEE TERRITORY NAME:	STATE/PROV.

PLAYER NAME:
PLAYER EMAIL:
PLAYER PHONE:

8-BALL SINGLES HANDICAP BRACKET (PLEASE CIRCLE)

FEE \$75.00	HANDICAP 2	HANDICAP 3
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FEE \$125.00	HANDICAP 4	HANDICAP 5	HANDICAP 6	HANDICAP 7
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MEMBER / PLAYER ID #:	HANDICAP LEVEL:
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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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