



Birmingham APA's

# 9-BALL DOUBLES DIVISION REGISTRATION



**Grab a partner and join an APA 9-Ball Doubles Division!** Our 9-Ball Doubles teams battle it out for the right to represent our *Birmingham APA League* at the *APA 9-Ball Doubles Team Championships* held annually in Las Vegas. There are two sessions, **Session A (Jan-May)** and **Session B (Jul-Nov)**. 9-Ball Doubles teams will play two team matches ONCE A MONTH, on Saturday, for a minimum of ten matches per session.

Our 9-Ball Doubles teams can consist up to three players but only three will play in a scheduled team match. In each team match, our Doubles teams will play two singles matches and one Doubles match. For those players who want to compete in both 9-Ball and 8-Ball Doubles Divisions, these divisions are scheduled to play on the same day, but at different times. Our 8-Ball Doubles Divisions start at 11:00 am and our 9-Ball Doubles Divisions start at 6:00 pm.

Our complete 9-Ball Division guidelines, eligibility criteria, and playoff structure can be found on our *BirminghamAPA.com* website under, "*Showdown Divisions/Showdown Rules & Register*". Please remember that, **ONLY the teams who compete in these 9-Ball Doubles Divisions** will have the opportunity to advance and compete in the *APA World 9-Ball Doubles Championships* held each year in Las Vegas.

Please choose the Session that you are registering for:

Session A (Jan - May)  
 Session B (Jul - Nov)

## Current Team Re-Registration (PLEASE PRINT CLEARLY)

YES, we are playing next session.       NO, we are NOT playing next session.

Team Name: \_\_\_\_\_

## New Team or Roster Changes (PLEASE PRINT CLEARLY)

Team Name: \_\_\_\_\_

Member 1: \_\_\_\_\_ APA # or Birthdate \_\_\_\_\_ cell # \_\_\_\_\_

Member 2: \_\_\_\_\_ APA # or Birthdate \_\_\_\_\_ cell # \_\_\_\_\_

Member 3: \_\_\_\_\_ APA # or Birthdate \_\_\_\_\_ cell # \_\_\_\_\_

*If you would like to join our 9-Ball Doubles Divisions but do NOT have your own team to register, please complete the following (Please print.):*

Full Name: \_\_\_\_\_ APA # or Birthdate \_\_\_\_\_ cell # \_\_\_\_\_

Email this form to: [BirminghamAPA@apaleagues.com](mailto:BirminghamAPA@apaleagues.com) or fax it to 205-621-9114.

Please call us first at 205-621-4199 before faxing.