



*Birmingham APA's*  
**LADIES 8-BALL**  
**DIVISION REGISTRATION**



**Wouldn't it be nice to have a GIRL'S day out? Have some FUN and join our Ladies 8-Ball Division!**

Our Ladies teams compete for the right to represent *Birmingham APA League* at the *APA Ladies 8-Ball Championship* held each August in Las Vegas, NV. There are two sessions, **Session A (Jan-May)** and **Session B (Jul-Nov)**. Ladies teams will play two team matches ONCE A MONTH, on Saturday, for a minimum of ten matches per session.

This division is for LADIES ONLY! Our Ladies teams consist of 3 to 4 players but only three will play in a scheduled team match. They will follow regular APA Open 8-Ball rules except, the combined skill levels, of the three Ladies who play in each scheduled League match, must equal 13 points or under.

Our complete Ladies 8-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 this Ladies Division** will have the opportunity to advance and compete in the *APA World Ladies 8-Ball 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 # \_\_\_\_\_

Member 4: \_\_\_\_\_ APA # or Birthdate \_\_\_\_\_ cell # \_\_\_\_\_

Member 5: \_\_\_\_\_ APA # or Birthdate \_\_\_\_\_ cell # \_\_\_\_\_

*If you would like to join our Ladies 8-Ball Division 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.**