



2015 19th ANNUAL RALLY IN THE VALLEY 8 BALL SCOTCH DOUBLES REGISTRATION FORM

PLAYERS / LICENSEES: Please complete this form and submit with the payment to be received by Monday, March 16th. No Entries will be accepted after this date/midnight, no exceptions or sign-ups will be taken at this event. All Checks should be submitted, with this form made payable to TAP, LLC and sent to P.O. Box 574, Halifax, PA 17032. NO FAXES PLEASE. Email kelly@tapleague.com with any questions.

PLAYERS MUST HAVE A CURRENT TAP MEMBERSHIP CARD WITH THEM, OR THEY WILL NOT BE ALLOWED TO PLAY. ID CAN BE VERIFIED BY THE OPPONENTS IN YOUR EVENT.

Fee is \$125 per TEAM. Players must have a minimum of 6 matches played together in weekly play held by licensees and score sheets through Pool Net from Nov. 24th to March 16th. Scotch Doubles Event is Round Robin to Single Elimination. Event will be Saturday Night & Sunday. 2/3/4 Bracket. 5/6/7 Bracket.

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

PLAYER 1 NAME & ID #:	
PLAYER 2 NAME & ID #:	
PLAYER EMAIL:	
PLAYER PHONE:	EITHER PLAYER – SMART PHONE/TABLET? Y OR N TYPE:

8-BALL SCOTCH DOUBLES ALL HANDICAPS IN ONE BRACKET (PLEASE CIRCLE YOUR COMBINED CAP)

FEE	HANDICAP 2	HANDICAP 3	HANDICAP 4	HANDICAP 5	HANDICAP 6	HANDICAP 7
\$125.00						

TEAM ID #:	HANDICAP LEVEL:
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ARE YOU IN THE TEAM EVENT ALSO? IF YES, IS IT ONE TEAM OR TWO (PLEASE CIRCLE). BE AWARE ONE EVENT WILL NOT BE HELD UP FOR OTHER.

ONE TEAM

TWO TEAMS

TEAM NAMES :

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THE BELOW INFORMATION IS FOR OFFICE USE ONLY:

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