

## 2025 Kalahari Resort Nationals 8 BALL SCOTCH DOUBLES REGISTRATION FORM

PLAYERS / LICENSEES: Please complete this form and submit with the payment to be received by Sept. 29th No Entries will be accepted after this date/midnight. Fee is \$250 per TEAM. All Checks should be submitted, with this form made payable to: TAP, LLC and sent to P.O. Box 5 ROUND HILL, VA 20142. NO FAXED REGISTRATIONS OR EMAILS PLEASE. Email <u>nationalchanges@tapleague.com</u> with any questions.

PLAYERS MUST HAVE A CURRENT TAP MEMBERSHIP ON TAP THE PHONE APP, OR THEY WILL NOT BE ALLOWED TO PLAY. ID WILL BE VERIFIED BY THE OPPONENTS IN YOUR EVENT.

Players must have a minimum of 6 matches, and 10 lifetime matches played together in weekly play and /or tournaments held by licensees and score sheets through Pool Net from May 12th to Sept. 29th. Scotch Doubles Event is Round Robin To Single Elimination. HCs divided by 2/3/4 & 5/6/7 Race per 8 Ball Grid. NO REFUNDS, No Exception – Only Limited to 32 Teams. SCOTCH DOUBLES 2/3/4 & 5/6/7 STARTS MONDAY. OCT 27<sup>TH</sup> @ 2PM

SINGLE ELIMINATION 6PM-CONTINUOUS PLAY

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

PLAYER 1 NAME & ID #:

PLAYER 2 NAME & ID #:

PLAYER EMAIL:

PLAYER PHONE:

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

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FEE	HANDICAP 2	HANDICAP 3	HANDICAP 4	HANDICAP 5	HANDICAP 6	HANDICAP 7	
\$250.00							

PLAYER ID NUMBER:	HANDICAP LEVEL:

## ARE YOU IN THE TEAM EVENT ALSO? IF YES IS IT ONE TEAM OR TWO (PLEASE CIRCLE)

ONE TEAM

TWO TEAMS

## **TEAM NAMES :**