



# 2026 TAP NATIONALS - Harrah's Atlantic City 9 Ball Singles Registration

Singles events are a 1st come, 1st served event.

No entries will be accepted after **Sept. 14th** or event fills up, whichever comes first.

Fee for singles is \$125 per player. All checks should be submitted with this form, made payable to:

**TAP, LLC and sent to P.O. Box 5 Round Hill, VA 20142.**

Please email any questions to [nationalchanges@tapleague.com](mailto:nationalchanges@tapleague.com)

Registrations/DQs are **NON-REFUNDABLE**, but can be transferred **prior to deadline**. Receipt of form and payment by the deadline is the guarantee of a spot, unless all spots have been filled at time of receipt.

**PLAYERS MUST HAVE A CURRENT TAP MEMBERSHIP DATE ON PHONE APP OR WITH THEM, OTHERWISE THEY WILL NOT BE ABLE TO PLAY. ID WILL BE VERIFIED BY THE OPPONENTS IN YOUR EVENT.**

Singles events are **Round Robin to Single Elimination**. Players must have 6 matches played in **weekly league play** from **Apr. 27 - Sept. 14** as well as **10 lifetime matches**. Players must meet all National Requirements, see rule book. Once Tournament HC is determined, player will be put in the correct bracket.

**9 BALL SINGLES WILL START TUESDAY, OCT. 13 @ 10 PM AND FINISH ON WEDNESDAY OCT. 14. THIS WILL NOT INTERFERE WITH DOUBLES EVENT OR 8 BALL SINGLES. After HC audit has been ran and adjusted, the Round Robin starts date and time for your specific HC will be announced.**

|                         |               |
|-------------------------|---------------|
| LICENSEE/OPERATOR NAME: | TERRITORY ID: |
| TERRITORY/LEAGUE NAME:  | STATE/PROV.   |

|               |
|---------------|
| PLAYER NAME:  |
| PLAYER EMAIL: |
| PLAYER PHONE: |

|                       |                 |
|-----------------------|-----------------|
| MEMBER / PLAYER ID #: | HANDICAP LEVEL: |
|-----------------------|-----------------|

## 8 BALL SINGLES HANDICAP (CIRCLE ONE)

|          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|
| HANDICAP | HANDICAP | HANDICAP | HANDICAP | HANDICAP | HANDICAP |
| 2/3      | 4        | 5        | 6        | 7        | 8        |

**ARE YOU ON A DREAM TEAM ALSO? (CIRCLE ONE)    NO TEAM    ONE TEAM    TWO TEAMS**

If YES, list the Dream Team name(s) below

|               |
|---------------|
| DREAM TEAM 1: |
| DREAM TEAM 2: |

All information on this form must be completed. Failure to do so could delay processing.