

## 2024 ORLANDO NATIONALS 8 BALL SCOTCH DOUBLES REGISTRATION FORM

PLAYERS / LICENSEES: Please complete this form and submit with the payment to be received by Sept. 30 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 1899, Culpeper, VA 22701. NO FAXED REGISTRATIONS OR EMAILS PLEASE.
Email nationalchanges@tapleague.com 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 13th to Sept. 30th.
Scotch Doubles Event is Round Robin To Single Elimination. All Handicaps Play in Two Tournaments 2/3/4 \& 5/6/7, unless the total number of participants does not justify it. Race per 8 Ball Grid.
NO REFUNDS, No Exception - Only TRANSFERS.
Limited to 32 Teams. Cannot be in Singles Events and in Scotch Doubles, due to overlap of events.
STARTING evening Wednesday Oct. 30th through Thursday Oct. 31st.

| 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 |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $\$ 125.00$ | HANDICAP 2 | HANDICAP 3 | HANDICAP 4 | HANDICAP 5 | HANDICAP 6 | HANDICAP 7 |

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 :

|  |  |
| :--- | :--- |

THE BELOW INFORMATION IS FOR OFFICE USE ONLY:

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