



# 2023 RALLY IN THE VALLEY 8 BALL SINGLES REGISTRATION FORM

**PLAYERS / LICENSEES:** Please complete this form and submit with the payment to be received by March 13<sup>TH</sup>. 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 sent to P.O. Box 1899, Culpeper, VA 22701**. NO FAXES PLEASE. Email [kelly@tapleague.com](mailto:kelly@tapleague.com) with any questions.

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

Fee is \$125 per PLAYER for ALL 5 Handicap Brackets. Once handicaps determined, player will be put in the singles bracket handicap system determines. Email will be sent and notice published. Must meet all national qualifications and requirements, please see rule book. Singles Events are Round Robin to Single Elimination. Players must have 6 matches played from NOV 20<sup>th</sup> to MARCH 13<sup>TH</sup>. SINGLES EVENT WILL START THURSDAY NIGHT TO APPROX 1AM AND CONTINUE FRIDAY/ SATURDAY PM TO APPROX 1AM. EVENTS WILL BE ALL DAY SUNDAY TO APPROX 7 PM ALL CAPS. Once the total number of participants in each board is determined, Groupings and Single Elimination Brackets can be done and scheduled by handicap determined. Schedule will be modified as we need to by handicap.

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

PLAYER NAME:						
PLAYER EMAIL:						
<table style="width: 100%;"> <tr> <td style="width: 45%;">PLAYER PHONE:</td> <td style="width: 10%; text-align: center;">SMART PHONE/TABLET? Y or N</td> <td style="width: 45%;">TYPE:</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>MUST USE TAP THE APP</b></td> </tr> </table>	PLAYER PHONE:	SMART PHONE/TABLET? Y or N	TYPE:	<b>MUST USE TAP THE APP</b>		
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<b>MUST USE TAP THE APP</b>						

**8-BALL SINGLES HANDICAP BRACKET ( PLEASE CIRCLE )**

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

MEMBER / PLAYER ID #:	HANDICAP LEVEL:
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**PLEASE ADVISE NAME AND TAP ID NUMBER OF PLAYER WHO WILL BE KEEPING SCORE FOR YOU USING TAP THE APP. APP MUST BE USED.**

PLAYER NAME: \_\_\_\_\_ TAP ID NUMBER \_\_\_\_\_

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

ONE TEAM

TWO TEAMS

**TEAM NAMES :**

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**THE BELOW INFORMATION IS FOR OFFICE USE ONLY:**

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