



*Always for The Player*

# 2024 ORLANDO NATIONALS 8 BALL SINGLES REGISTRATION FORM

**PLAYERS / LICENSEES:** Please complete this form and submit with the payment to be received by SEPT. 30TH  
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 1899, Culpeper, VA 22701. NO FAXES PLEASE.**

Email to [nationalchanges@tapleague.com](mailto:nationalchanges@tapleague.com) with any questions.

**NO Refunds, No Exception – Transfers ONLY**

**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 HC Brackets. Once HC is determined, player will be put in the correct singles bracket. Must meet all National qualifications and requirements, please see rule book. Singles Events are Round Robin to Single Elimination. Players must have 6 matches, in **weekly league play**, from May 13th-Sept 30th.

**SINGLES EVENT WILL BE IN THE EVENINGS, STARTING THURSDAY OCT. 31ST- SATURDAY NOV. 2ND TO APPROX. 1 AM**

**Cannot be in Singles and in Scotch Doubles, due to overlap of events.**

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

PLAYER NAME:
PLAYER EMAIL:
PLAYER PHONE: <b>SMART PHONE/TABLET? Y or N      TYPE:</b> <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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