

**All Red Fields Required****Team Registration Form**

**1. Team Captain:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_

**2. Teammate:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_

**3. Teammate:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_

**4. Teammate:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_

**5. Teammate:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_

**6. Teammate:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_

**7. Teammate:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_

**8. Teammate:** First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ APA/TAP/FARGO Handicap \_\_\_\_\_