

# TEAM NAME / TEAM CAPTAIN\*

## CHANGE AUTHORIZATION FORM

**\*The FIRST PERSON listed on your roster is the TEAM CAPTAIN**

*Only complete the top portion of this form if you need to change your **TEAM NAME** or your **TEAM CAPTAIN**.*

**This form must be received in the APA office prior to July 1.**  
(Changes will not be made at the event, except in emergency situations.)

**TEAM NUMBER** \_\_\_\_\_

**CURRENT TEAM NAME** \_\_\_\_\_

**NEW Team Name** \_\_\_\_\_  
(please print)

**CURRENT TEAM CAPTAIN'S NAME** \_\_\_\_\_

**NEW Team Captain's Name** \_\_\_\_\_  
(please print)

**Signatures of team members**  
(Must have majority of team members sign)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>For APA Use Only – please initial</b>			
Finance Paperwork Updated _____	Computer Updated _____	Scoresheets Printed _____	Name Badges Printed _____

----- (cut along this line) -----

## TEMPORARY TEAM CAPTAIN CHANGE AUTHORIZATION FORM

**Bring this portion with you to Las Vegas if someone other than the TEAM CAPTAIN will be registering your team and collecting the National Qualifier Money.**

**TEAM NUMBER** \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

**TEAM CAPTAIN'S NAME** \_\_\_\_\_

**Team Member Who Will Be Registering Team** \_\_\_\_\_  
(please print)

**Signatures of team members**  
(Must have majority of team members sign)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_