



**Application For Professional Billiard Instructors Association
Accredited Instructor Training Academy**

Name of Instructor Academy: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please complete the following short application:

1. List names of PBIA Master or Advanced Instructors involved in academy:

1. _____
2. _____
3. _____
4. _____

2. Provide description of academy, including dimensions of training area and isolated teaching area: _____

3. Please confirm the following with a check mark:

- _____ Tables/Equipment: Billiard equipment in good playing condition:
tables, cloth, balls, bridges, etc.
- _____ Lighting: Adequate lighting over the tables.
- _____ Privacy: Isolated teaching area.
- _____ Technology: Video recorder (Speed sensors,
lasers and other electronic instrumentation
recommended.)
- _____ Literature: Classroom texts and course handouts.
- _____ Business Operations: Academy is properly registered to operate under its
local ordinances.
- _____ Program Certifications: The facility agrees to create and/or advance a
minimum of two instructors per year to remain
an accredited academy.
- _____ Fees: Annual dues will be paid on time.

Also, please include an external photo of your facility and a photo of the inside of your facility where the tables are located and the instruction will take place.

Once complete, please mail to:

Professional Billiard Instructors Association
C/O Billiard Congress of America
500 Discovery Pkwy, Suite 125
Superior, CO 80027

We will contact with you within 30 business days within receipt of this application and supporting photos to confirm/deny your application.