



**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
10900 West 120th Ave., Unit B7
Broomfield, CO 80021

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