



**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 120<sup>th</sup> 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.