

2017 BCAPL NATIONAL CHAMPIONSHIPS ENTRY FORM



PERSON SUBMITTING FORM (Print or Type)

First Name: _____ MI: _____ Last Name: _____
 Email: _____ Phone: _____

INSTRUCTIONS	DOUBLES DIVISIONS	START	TEAM RATING LIMIT	RACE	ENTRY FEE (by June 5)	ENTRY FEE (June 6-26)	ENTRY FEE (on-site)
STEP 1 Read the Division Formats & Eligibility document to ensure that you understand the structure and eligibility requirements of each division.	<input type="checkbox"/> Platinum Scotch Doubles	7/21 (Fri.)	1,300	5/4	\$200	\$230	N/A
	<input type="checkbox"/> Gold Scotch Doubles	7/21 (Fri.)	1,150	4/3	\$160	\$190	N/A
	<input type="checkbox"/> Silver Scotch Doubles	7/21 (Fri.)	1,000	4/3	\$100	\$130	N/A
STEP 2 Place an "x" in the box of every division you wish to enter. You do not need to submit multiple entry forms.	SINGLES DIVISIONS	START	COMPOSITION (approx.)	RACE	ENTRY FEE (by June 5)	ENTRY FEE (June 6-26)	ENTRY FEE (on-site)
	<input type="checkbox"/> Mixed 9-Ball Singles						
	<i>Platinum Division</i>	7/19 (Wed.)	Upper 25% of field	6	\$100	\$125	N/A
	<i>Gold Division</i>	7/19 (Wed.)	Lower 75% of field	5	\$100	\$125	N/A
	<input type="checkbox"/> Women's 9-Ball Singles						
	<i>Platinum Division</i>	7/19 (Wed.)	Upper 25% of field	5	\$100	\$125	N/A
	<i>Gold Division</i>	7/19 (Wed.)	Lower 75% of field	4	\$100	\$125	N/A
	<input type="checkbox"/> Wheelchair 9-Ball Singles	7/20 (Thu.)	Wheelchair Players	5	\$100	\$125	\$150
	<input type="checkbox"/> Wheelchair 8-Ball Singles	7/24 (Mon.)	Wheelchair Players	5	\$160	\$185	\$210
	<input type="checkbox"/> Junior 9-Ball Singles	7/20 (Thu.)	Age 17 & Under	Hdcp.	\$20	\$30	\$40
	<input type="checkbox"/> Junior 8-Ball Singles	7/28 (Fri.)	Age 17 & Under	Hdcp.	\$20	\$30	\$40
	<input type="checkbox"/> Mixed 8-Ball Singles						
	<i>Platinum Division</i>	7/22 (Sat.)	Upper 15% of field	7	\$160	\$185	N/A
	<i>Gold Division</i>	7/22 (Sat.)	Upper middle 35%	6	\$160	\$185	N/A
	<i>Silver Division</i>	7/22 (Sat.)	Lower middle 35%	5	\$160	\$185	N/A
	<i>Bronze Division</i>	7/22 (Sat.)	Lower 15% of field	5	\$160	\$185	N/A
	<input type="checkbox"/> Mixed 8-Ball Senior Singles						
	<i>Platinum Division</i>	7/22 (Sat.)	Upper 25% of field	6	\$160	\$185	N/A
	<i>Gold Division</i>	7/22 (Sat.)	Lower 75% of field	5	\$160	\$185	N/A
	<input type="checkbox"/> Women's 8-Ball Singles						
	<i>Platinum Division</i>	7/22 (Sat.)	Upper 15% of field	6	\$160	\$185	N/A
	<i>Gold Division</i>	7/22 (Sat.)	Upper middle 35%	5	\$160	\$185	N/A
	<i>Silver Division</i>	7/22 (Sat.)	Lower middle 35%	4	\$160	\$185	N/A
	<i>Bronze Division</i>	7/22 (Sat.)	Lower 15% of field	4	\$160	\$185	N/A
	<input type="checkbox"/> Women's 8-Ball Senior Singles						
	<i>Platinum Division</i>	7/22 (Sat.)	Upper 25% of field	5	\$160	\$185	N/A
	<i>Gold Division</i>	7/22 (Sat.)	Lower 75% of field	4	\$160	\$185	N/A
	<input type="checkbox"/> Triple Play (enter all 3 events below - \$80 discount!)					\$400	\$475
<input type="checkbox"/> 9-Ball Challenge	7/20 (Thu.)	Open to anyone	7	\$160	\$185	\$210	
<input type="checkbox"/> 10-Ball Challenge	7/22 (Sat.)	Open to anyone	7	\$160	\$185	\$210	
<input type="checkbox"/> 8-Ball Challenge	7/25 (Tue.)	Open to anyone	7	\$160	\$185	\$210	
<input type="checkbox"/> US Open 10-Ball Championship	7/17 (Mon.)	Open to anyone	9	\$550	\$575	\$600	
<input type="checkbox"/> US Open 8-Ball Championship	7/29 (Sat.)	Open to anyone	8	\$550	\$575	\$600	
STEP 3 Complete the payment section and sign the acknowledgment statement.	TEAM DIVISIONS	START	TEAM RATING LIMIT	RACE	ENTRY FEE (by June 5)	ENTRY FEE (June 6-26)	ENTRY FEE (on-site)
	Mixed 9-Ball Teams						
	<input type="checkbox"/> Mixed 9-Ball Platinum Teams	7/25 (Tue.)	1,950	13	\$300	\$330	\$360
	<input type="checkbox"/> Mixed 9-Ball Gold Teams	7/25 (Tue.)	1,800	11	\$240	\$270	\$300
	Mixed 8-Ball Teams						
	<input type="checkbox"/> Mixed 8-Ball Platinum Teams	7/26 (Wed.)	3,250	13	\$500	\$550	N/A
	<input type="checkbox"/> Mixed 8-Ball Gold Teams	7/26 (Wed.)	3,000	13	\$400	\$450	N/A
	<input type="checkbox"/> Mixed 8-Ball Trophy Teams	7/27 (Thu.)	2,750	13	\$250	\$275	N/A
	Women's 9-Ball Gold Teams						
	<input type="checkbox"/> Women's 9-Ball Gold Teams	7/25 (Tue.)	1,500	9	\$240	\$270	\$300
	Women's 8-Ball Teams						
	<input type="checkbox"/> Women's 8-Ball Platinum Teams	7/26 (Wed.)	2,200	10	\$400	\$440	N/A
<input type="checkbox"/> Women's 8-Ball Gold Teams	7/26 (Wed.)	2,000	9	\$320	\$360	N/A	
<input type="checkbox"/> Women's 8-Ball Trophy Teams	7/27 (Thu.)	1,800	8	\$200	\$220	N/A	
STEP 4 If registering for team division(s), complete the applicable team roster(s) on page 3 and submit it with your entry form.							
STEP 5 Book your room at the Rio All-Suite Hotel & Casino! Book online here or call 888-746-6955 and use Group Code: SRCUE7							

Tip! Use the online reservation link to avoid phone processing charges.

PLAYER INFORMATION (SINGLES & SCOTCH DOUBLES) (Print or Type)**Male** – current or past members ([find your Member ID](#), [find your Fargo Rating](#))

First Name: _____ MI: _____ Last Name: _____
Email: _____ Mailing Address: _____
City: _____ State / Prov. _____ Postal Code: _____ Country: _____
Phone: _____ Date of Birth: _____ / _____ / _____ Fargo Rating:

- ☐ BCAPL League Member League Name: _____ League #: _____
ID: _____ Team Name Qualified on: _____ Weeks Played: _____
☐ Current CSI Member – CSI Member ID: _____
☐ Renew CSI Member (include \$25 membership fee) – CSI Member ID: _____
☐ New CSI Member (include [CSI Membership Application](#) & \$25 membership fee)

Female – current or past members ([find your Member ID](#), [find your Fargo Rating](#))

First Name: _____ MI: _____ Last Name: _____
Email: _____ Mailing Address: _____
City: _____ State / Prov. _____ Postal Code: _____ Country: _____
Phone: _____ Date of Birth: _____ / _____ / _____ Fargo Rating:

- ☐ BCAPL League Member League Name: _____ League #: _____
ID: _____ Team Name Qualified on: _____ Weeks Played: _____
☐ Current CSI Member – CSI Member ID: _____
☐ Renew CSI Member (include \$25 membership fee) – CSI Member ID: _____
☐ New CSI Member (include [CSI Membership Application](#) & \$25 membership fee)

SCOTCH DOUBLES TEAM RATING (if applicable): **HOW TO SUBMIT FORM** (if not registering online)**Online Form Submission:** www.playcsipool.com/2017-bcapl-national-championships**Email:** entry@playcsipool.com**Fax:** 702-719-7667**Postal Mail:** CueSports International
2041 Pabco Road
Henderson, NV 89011**IMPORTANT DATES**

June 5: Early discount ends
June 12: Last day for personal checks
June 26: Last day to register (most events)
June 30: Last day for refund requests
July 3: TBA names due
July 7: Last day for change requests

PAYMENT METHOD (US Funds Only)

☐ Check / Money Order (postal mail only) ☐ Credit Card (email, fax, or postal mail) – Total Charge: \$ _____
Exact Name on Card: _____ Card #: _____
Exp. Date: _____ Card Billing Zip: _____ Phone: _____
Cardholder Signature: _____ Email (for receipt): _____

ACKNOWLEDGMENT STATEMENT

I agree to abide by all rules & regulations implemented by CueSports International (CSI). CSI reserves the following rights and responsibilities: determine a player's eligibility, refuse entry to anyone for any reason, change field sizes, adjust ratings, display names and ratings online, change schedules & payouts based on, but not limited to, field sizes, inclement weather, acts of God, war, or terrorism. CSI and all representatives, agents, sponsors, and affiliates are released and to be held harmless of and from any injury, illness, losses, damages, liability, or expenses of any kind incurred by me, my heirs, or personal representatives either caused or alleged to be caused during or surrounding this event. Maximum liability, if any, is limited to reimbursement of the entry fee paid to that division. Disqualification from any CSI event shall result in forfeiture of any prize money or award won by that player or team, and possible suspension from future CSI produced events. CSI may add my email address to its email list. CSI may also use my photograph, image, likeness, or name for information, reporting, or promotional purposes via print, video, and other media.

Player/Captain Signature: _____ Date: _____ / _____ / _____
(Typed or signed name here indicates signature on behalf of all players.) MM DD YY

9-BALL TEAM ROSTER

LEAGUE INFO *(print or type)*

League Name: _____ No. _____ League Operator: _____

Division Name: _____ Division Number: _____

TEAM NAME (*print or type*):

Player	Name (First, Last)	Member ID <i>(last 8 digits)</i>	Fargo Rating	Weeks Played	Email Address	Phone
Core Roster <i>(used to determine team rating)</i>						
Core Player 1 <i>(Capt. Y/N)</i>						
Core Player 2						
Core Player 3						

(find Member IDs, find Fargo Ratings)

Team Rating (may not exceed the limit for the selected division)

Substitutes (*a substitute must be rated the same or lower than the person being replaced*)

Substitute 1 (Capt. Y/N)						
Substitute 2						

8-BALL TEAM ROSTER

LEAGUE INFO (*print or type*)

League Name: _____ No. _____ League Operator: _____

Division Name: _____ Division Number: _____

TEAM NAME (*print or type*):

Player	Name (First, Last)	Member ID (last 8 digits)	Fargo Rating	Weeks Played	Email Address	Phone
Core Roster (used to determine team rating)						
Core Player 1 (Capt. Y/N)						
Core Player 2						
Core Player 3						
Core Player 4						
Core Player 5						
	Do not use "Core Player 5" row for Women's 8-Ball Team divisions (4-player teams).					

(find Member IDs, find Fargo Ratings)

Team Rating (may not exceed the limit for the selected division)

Substitutes (*a substitute must be rated the same or lower than the person being replaced*)

Substitute 1 (Capt. Y/N)						
Substitute 2						
Substitute 3	Do not use "Substitute 3" row for Women's 8-Ball Team divisions (4-player teams).					