

2018 OHIO BCAPL STATE CHAMPIONSHIPS ENTRY FORM



PERSON SUBMITTING FORM *(Print or Type)*

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

INSTRUCTIONS	SINGLES DIVISIONS	START ¹	RATINGS	RACE	ENTRY FEE ² <i>(by Apr. 6)</i>	ENTRY FEE ² <i>(Apr. 7-13)</i>	ENTRY FEE ³ <i>(on-site)</i>
	STEP 1 Read the Tournament Details document to ensure you understand the structure and eligibility requirements of each division.	<input type="checkbox"/> Mixed Singles					
<i>Platinum Division</i>		4/26 (Thu.) 10am	720-600	7	\$80	\$105	N/A
<i>Gold Division</i>		4/26 (Thu.) 10am	599 & under	5	\$80	\$105	N/A
<input type="checkbox"/> Women's Singles		4/26 (Thu.) 10am	All	5	\$80	\$105	N/A
TEAM DIVISIONS		START ¹	TEAM SIZE / RATING LIMIT	RACE	ENTRY FEE ⁴ <i>(by Apr. 6)</i>	ENTRY FEE ⁴ <i>(Apr. 7-13)</i>	ENTRY FEE ³ <i>(on-site)</i>
Mixed Teams							
<input type="checkbox"/> <i>Gold Division</i>		4/27 (Fri.) 10am	5-player (2,900)	11	\$275	\$300	N/A
<input type="checkbox"/> <i>Silver Division</i>		4/27 (Fri.) 10am	5-player (2,500)	11	\$275	\$300	N/A
Women's Teams							
<input type="checkbox"/> <i>Gold Division</i>		4/28 (Sat.) 10am	4-player (2,000)	9	\$225	\$250	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.

1. Start times shown are the earliest possible start times. Actual start times may be later. Check the tournament brackets or ask the Tournament Director for actual times.
2. Each singles entry includes a \$15 green fee and a \$15 admin fee. Entries received after April 6 include an additional \$15 admin fee. All entries must be sent via postal mail at the address below and postmarked no later than April 13.
3. On-site entries are not accepted. All entries must be sent via postal mail at the address below and postmarked no later than April 13.
4. Each team entry includes a \$20/player green fee and a \$5/player admin fee. Entries received after April 6 include an additional \$20 admin fee.

HOW TO SUBMIT FORM

Postal Mail:
 Chris Williams
 1350 Oxley Road
 Columbus, OH 43212
**Must mail entry form with money order only (no personal checks)*

IMPORTANT DATES

- Apr. 4:** SAVE \$ Last day for hotel discount
- Apr. 6:** SAVE \$ Last day for early entry discount
- Apr. 13:** Last day to postmark mailed entries
- Apr. 26:** Event begins

STEP 3
 Complete the payment section and sign the terms & conditions.

PAYMENT METHOD *(US Funds Only)*

Cashier's Check or Money Order only *(Personal checks are not accepted)* Total \$ _____

STEP 4
 If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form.

TERMS & CONDITIONS

I agree to abide by all rules & regulations implemented by the event staff and officials. The event staff 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. Event staff 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 event shall result in forfeiture of any prize money or award won by that player or team, and possible suspension from future events. The event staff may add my email address to its email list. The event staff may also use my photograph, image, likeness, or name for information, reporting, or promotional purposes via print, video, and other media.

STEP 5
 Book your room at Holiday Inn Wilmington. See Tournament Details document for link and/or instructions.

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



PLAYER INFORMATION (SINGLES) (Print or Type) Male Female

First Name: _____ MI: _____ Last Name: _____

Email: _____ Mailing Address: _____

City: _____ State / Prov. _____ Zip Code: _____

Phone: _____ Date of Birth: _____ Fargo Rating: _____

BCAPL or USAPL League Name: _____ League #: _____

Member ID: _____ Team Name Qualified on: _____ Weeks Played: _____

[\(find your Member ID, find your Fargo Rating\)](#)**TEAM ROSTER (if applicable)****LEAGUE INFO (print or type)**

League Name: _____ No. _____ League Operator: _____

Division Name: _____ Division Number: _____

TEAM NAME (print or type): _____

Substitutions: The core roster is used to determine the total team rating. Teams may substitute players in any round but the substitute must be rated the same or lower than the person being replaced. The total team rating remains the same throughout the event as determined by the core roster.

Team	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 Teams (4-player).						

[\(find Member IDs, find Fargo Ratings\)](#)

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 Teams.						