

2019 OHIO BCAPL STATE CHAMPIONSHIPS ENTRY FORM



PERSON SUBMITTING FORM *(Print or Type)*

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

STEP 1

Read the Tournament Guide to ensure that you understand the structure and eligibility requirements of each division.

SINGLES	START ¹	COMPOSITION <i>(approx.)</i>	RACE	ENTRY FEE <i>(by Apr 19)</i>	ENTRY FEE <i>(Apr 20-26)</i>
<input type="checkbox"/> Mixed 8-Ball Singles					
<i>Platinum Division</i>	5/16(Thu.) 10am	Upper 50% of field	Hdcp	\$80	\$105
<i>Gold Division</i>	5/16(Thu.) 10am	Lower 50% of field	Hdcp	\$80	\$105
<input type="checkbox"/> Women's 8-Ball Singles					
<i>Gold Division</i>	5/16(Thu.) 10am	All	Hdcp	\$80	\$105
TEAMS	START	TEAM RATING LIMIT	RACE	ENTRY FEE <i>(by Apr 19)</i>	ENTRY FEE <i>(Apr 20-26)</i>
Mixed 8-Ball Teams					
<input type="checkbox"/> <i>Gold Division</i>	5/17 (Fri.) 9am	5-player (2,900)	11	\$275	\$300
<input type="checkbox"/> <i>Silver Division</i>	5/17 (Fri.) 9am	5-player (2,450)	11	\$275	\$300
Women's 8-Ball Teams					
<input type="checkbox"/> <i>Gold Division</i>	5/18 (Fri.) 10am	4-player (2,000)	9	\$225	\$250

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.

STEP 3

Complete the payment section and sign the acknowledgment statement.

HOW TO REGISTER

Online: <https://www.csibbm.com/Member/Member/TournamentSignUp>
Email: chriswilliams@centralohiobca.com
Phone: 614-989-0680
Postal Mail: Chris Williams
 1350 Oxley Rd
 Columbus, Ohio 43212

IMPORTANT DATES

April 19: Last day for early entry discount
April 19: Last day for refund requests
April 25: Last day for hotel discount
April 26: Last day for mailed entries
April 26: Last day to register online
May 16: Event begins

PAYMENT METHOD *(US Funds Only)*

Money Order *(postal mail only)*

STEP 4

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

ACKNOWLEDGMENT STATEMENT

I agree to abide by all rules & regulations implemented by Central Ohio BCA. Central Ohio BCA 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. Central Ohio BCA 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 Central Ohio BCA event shall result in forfeiture of any prize money or award won by that player or team, and possible suspension from future Central Ohio BCA produced events. CSI may add my email address to its email list. Central Ohio BCA 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.)

STEP 5

Book your room at Roberts Center!
 937-283-3200 Ext 3 and use Group Code: **BCA**



PLAYER INFORMATION (SINGLES) *(Print or Type)*

Male *(find your Member ID, find your Fargo Rating)*

First Name: _____ MI: _____ Last Name: _____
 Email: _____ Mailing Address: _____
 City: _____ State / Prov. _____ Postal Code: _____
 Phone: _____ Date of Birth: _____ Fargo Rating: _____
 BCAPL or USAPL League Name: _____ League #: _____
 Member ID: _____ Team Name Qualified on: _____ Weeks Played: _____

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. Always review opponents' team rosters.*

Team	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						
Core Player 4						
Core Player 5						

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

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

Substitutes <i>(a substitute must be rated the same or lower than the person being replaced)</i>						
Substitute 1 <i>(Capt. Y/N)</i>						
Substitute 2						
Substitute 3						