



2019 IOWA ACS 8-BALL CHAMPIONSHIPS

Thursday - Sunday, October 24-27, 2019

Team 8-Ball Entry

NOTE: All team events are pre-registered. Submit your entry no later than Monday, Sept. 23, 2019 to your League Operator! Most recent valid stats must accompany this completed entry form.

League Name _____ # _____
League Operator _____
Address _____
City _____ **State** _____ **Zip** _____
Phone No. _____

ENTRY FEES: To your League Operator by Sept. 23, 2019

Men's Team (4-player) **\$200**
 Women's Team (4-player) **\$200**
 Out-of-State League Fee **\$20**

(Entries include \$40 Greens Fee and \$20 Admin Fee)

Team Name _____

_____ Additional team members on reverse side of form

1). Captain _____ M / F
 Address _____
 City _____ State _____ Zip _____
 Phone No. _____
 Phone Carrier _____ MPA Status _____
 Email _____
 League Qualified From _____
 Session & Team Name _____

5). Name _____ M / F
 Address _____
 City _____ State _____ Zip _____
 Phone No. _____
 Phone Carrier _____ MPA Status _____
 Email _____
 League Qualified From _____
 Session & Team Name _____

2). Name _____ M / F
 Address _____
 City _____ State _____ Zip _____
 Phone No. _____
 Phone Carrier _____ MPA Status _____
 Email _____
 League Qualified From _____
 Session & Team Name _____

Entry & Stats to your League Operator by Sept. 23, 2019

**** League Operator's Signature Required ****

League Operators must send ALL entries by Sept. 27, 2019 to:
 IOWA ACS
 3855 Raleigh Avenue
 Bettendorf, IA 52722

3). Name _____ M / F
 Address _____
 City _____ State _____ Zip _____
 Phone No. _____
 Phone Carrier _____ MPA Status _____
 Email _____
 League Qualified From _____
 Session & Team Name _____

PAYMENT (CHECK ONE) -- payable to Iowa ACS

Check or Money Order **VISA** **MC** **DISC**

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ **CVC** _____

Email for receipt _____

Name as it appears on the card: _____

Total Amount To Be Charged For This Entry :
 \$ _____ (+ 5% fee for credit card entry)

CARDHOLDER'S SIGNATURE: _____

4). Name _____ M / F
 Address _____
 City _____ State _____ Zip _____
 Phone No. _____
 Phone Carrier _____ MPA Status _____
 Email _____
 League Qualified From _____
 Session & Team Name _____

On behalf of my team, I have read and agree to abide by the rules and regulations set forth in the 2019 Iowa State ACS 8-Ball Tournament Guidelines published on the website and enforced by the Iowa ACS. Tournament guidelines, flyers and entry forms may be downloaded at www.iowaacs.com. For additional information and/or questions, call ACS Secretary at 309-314-0956.

Team Captain Signature: _____ **Date:** _____