



## 2020 Omega Billiards ACS Midwest 8-Ball Championships - Friday-Sunday, January 17-19 Team Entry Application

**NOTE: All events are pre-registered. Must postmark your entry (or enter online) by no later than Friday, December 20, 2020 ! Most recent valid stats must accompany this completed entry form.**

League Name _____	League # _____
League Operator _____	
Address _____	
City _____	St./Pr _____ Zip _____
Country _____	Contact Phone #: _____
Division Name (if diff. than league name) _____	
[See reverse side for all entry details and information.]	

ENTRY FEES:	ACS LEAGUE MEMBERS
Postmark by:	12/20/19
<input type="checkbox"/> Men's Standard Teams (4-player)	\$120
<input type="checkbox"/> Men's Open Teams (4-player)	\$120
<input type="checkbox"/> Men's Advanced Teams (4-player)	\$240
<input type="checkbox"/> Women's Standard Teams (4-player)	\$120
<input type="checkbox"/> Women's Open Teams (4-player)	\$120
<input type="checkbox"/> Women's Advanced Teams (4-player)	\$240
[TABLES OPEN! \$40 greens fee deducted from each team entry]	

**Team Name** \_\_\_\_\_

1). Captain: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Phone Number: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2019 <input type="checkbox"/> Fall 2019/20

4). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2019 <input type="checkbox"/> Fall 2019/20

2). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2019 <input type="checkbox"/> Fall 2019/20

5). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2019 <input type="checkbox"/> Fall 2019/20

3). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2019 <input type="checkbox"/> Fall 2019/20

6). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2019 <input type="checkbox"/> Fall 2019/20

<b>MAIL THIS FORM TO: AMERICAN CUESPORTS</b> 101 S. Military Ave., Ste. P - #131 Green Bay, WI 54303 OR FAX TO: 920-662-1706
Refund requests must be in writing and in the ACS office by January 10, 2020. All refunds will be charged a \$10.00 handling fee. All refunds will be mailed after the event. <b>NO EXCEPTIONS!</b>
<b>Questions: Call 920-662-1705</b> [Entry details on back of this entry form]

<b>PAYMENT (CHECK ONE)</b> <input type="checkbox"/> Check or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> PAYPAL
Credit Card #: _____ - _____ - _____
Expiration Date: _____ / _____
Total Amount To Be Charged For This Entry \$ _____
+ 5% ACS processing fee for credit card entries
Cardholders Name (as it appears on the card) _____
<b>CARDHOLDER'S SIGNATURE:</b> _____
<b>We recommend entry online at <a href="http://www.americancuesports.org">www.americancuesports.org</a>.</b>

On behalf of my team, I have read and agree to abide by the rules and regulations set-forth in the 2020 ACS Midwest 8-Ball Championship Guidelines published on the back of this entry form and enforced by the American CueSports Alliance. Tournament guidelines, flyers and entry forms may also be downloaded at <a href="http://www.americancuesports.org">www.americancuesports.org</a> .
Team Captain Signature: _____ Date: _____