



2018 Wisconsin ACS 8-Ball Championships Team Competition Entry Application

☆ Competition Dates: November 10-11, 2018 ☆

NOTE: All events are pre-registered – Open to ALL WI ACS and Border-State ACS League members.
Must postmark or post online your entry by no later than Wednesday, October 24, 2018 !
Most recent stats must accompany this completed entry form./ Reserve hotel room by 10/31/18 !

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| League Name _____ League # _____ |
| League Operator _____ |
| Address _____ |
| City _____ St./Pr _____ Zip _____ |
| Country _____ Contact Phone #: _____ |
| Division Name (if diff. than league name) _____ |

| <u>DIVISION</u> | <u>Entry Fee</u> |
|--|------------------|
| Postmark by: | 10/24/18 |
| <input type="checkbox"/> Men's Upper Division Team (4-person) [\$60] | \$240.00 |
| <input type="checkbox"/> Women's Upper Division Team (3-person) [\$45] | \$150.00 |
| <input type="checkbox"/> Men's Lower Division Team (4-person) [\$40] | \$180.00 |
| <input type="checkbox"/> Women's Lower Division Team (3-person) [\$30] | \$120.00 |
| [] = Greens fee deducted from each entry fee | |
| - Explanation of rating/handicapping your team on other side - Upper and Lower div. teams may each pay a \$60 - \$100 side pot onsite | |

Team Name _____

Contact Email _____

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

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

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

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

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

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

TEAMS ARE HANDICAPPED BASED ON SKILL LEVELS (SEE BACK SIDE)

[Discounted Room Block rate ONLY available by telephoning North Star Casino and stating "Wisconsin ACS Pool Championships."
 Discounted tournament rate is NOT AVAILABLE ONLINE./ **Rate available thru October 31, 2018 !**
 Discounted Standard Double Room: \$99 + tax/night [Any additional guest over 2 is a \$10.00 per person charge.]
 Discounted Standard King Room: \$99 + tax/night [Any additional guest over 2 is a \$10.00 per person charge.]

**Tournament Venue: North Star Mohican Casino Resort / W12180 Co Rd A /
 Bowler, WI (midway between Wausau and Green Bay) / (715) 787-3110**

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| <p>MAIL THIS FORM TO: AMERICAN CUESPORTS 101 S. Military Ave., Ste. P - #131 Green Bay, WI 54303 TEL: 920-662-1705 OR FAX TO: 920-662-1706 www.americancuesports.org</p> <p>Refund requests must be in writing and in the ACS office by Mon., November 5, 2018. All refunds will be charged a \$10.00 handling fee. All refunds will be mailed after November 12, 2018. NO EXCEPTIONS! <u>VIEW SCHEDULES, ACTION & TABLE ASSIGNMENTS</u> <u>AT WWW.COMSPORT.US.</u></p> |
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| <p>PAYMENT (CHECK ONE)</p> <p><input type="checkbox"/> Check or M.O. <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISC <input type="checkbox"/> AMEX</p> <p>Credit Card #: _____ - _____ - _____ - _____</p> <p>Expiration Date: ____/____</p> <p>Total Amount To Be Charged For This Entry \$ _____</p> <p>+ 5% ACS processing fee for credit card entries</p> <p>Cardholders Name (as it appears on the card) _____</p> <p>CARDHOLDER'S SIGNATURE: _____</p> |
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On behalf of my team, I have read and agree to abide by the rules and regulations set-forth in the 2018 Wisconsin ACS 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 www.americancuesports.org .

Team Captain Signature: _____ Date: _____