

2017 MICHIGAN BCAPL STATE CHAMPIONSHIPS ENTRY FORM



PERSON SUBMITTING FORM *(Print or Type)*

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

INSTRUCTIONS	SINGLES	START ¹	COMPOSITION <i>(approx.)</i>	RACE	ENTRY FEE <i>(by Apr 3)</i>	ENTRY FEE <i>(Apr 4-May 9)</i>	ENTRY FEE ² <i>(on-site)</i>
	STEP 1 Read the Division Formats & Eligibility document to ensure that you understand the structure and eligibility requirements of each division.	<input type="checkbox"/> Mixed 8-Ball Singles					
Platinum Division		5/11 (Thu.) 1pm	Upper 50% of field	Var.	\$75	\$90	\$105
Gold Division		5/11 (Thu.) 1pm	Lower 50% of field	Var.	\$75	\$90	\$105
<input type="checkbox"/> Women's 8-Ball Singles							
Gold Division		5/11 (Thu.) 1pm	All	Var.	\$60	\$75	\$90
TEAMS							
Mixed 8-Ball Teams – 5 player							
<input type="checkbox"/> Platinum Division		5/13 (Sat.) 10am	3,000	13	\$400	\$425	\$450
<input type="checkbox"/> Gold Division		5/13 (Sat.) 10am	2,750	11	\$300	\$325	\$350
Women's 8-Ball Teams – 4-player							
<input type="checkbox"/> Gold Division	5/13 (Sat.) 10am	2,000	9	\$240	\$260	\$280	

STEP 2

Place an "x" in the box of every division you wish to enter. You do not need to submit multiple entry forms.

- 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.
- On-site entries must be received by 8pm on the day before the start date.

HOW TO SUBMIT FORM *(if not registering online)*

Online Form Submission: www.playcsipool.com/2017-mi-state-championships
Email: entry@playcsipool.com
Fax: 702-719-7667
Postal Mail: CueSports International
 2041 Pabco Road, Henderson, NV 89011

IMPORTANT DATES

April 3: Early discount ends
April 10: Last day for mailed entries
April 27: Last day for refund requests
May 9: Last day to register online

STEP 3

Complete the payment section and sign the acknowledgment statement.

PAYMENT METHOD *(US Funds Only)*

Check / Money Order *(postal mail only)* Credit Card *(email, fax, or postal mail)* – Total Charge: \$ _____
 Exact Name on Card: _____ Card #: _____
 Exp. Date: _____ Card Billing Zip: _____ Phone: _____
 Cardholder Signature: _____
 Email *(for receipt)*: _____

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 CueSports International (CSI). CSI 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. CSI 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 CSI event shall result in forfeiture of any prize money or award won by that player or team, and possible suspension from future CSI produced events. CSI may add my email address to its email list. CSI 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 Soaring Eagle Casino & Resort! 877-232-4532 and use Group Code: BCAPL5917

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



PLAYER INFORMATION (SINGLES) (Print or Type)**Male** – current or past members ([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 League Member League Name: _____ League #: _____
 ID: _____ Team Name Qualified on: _____ Weeks Played: _____
 Current CSI Member – CSI Member ID: _____
 Renew CSI Member (include \$25 membership fee) – CSI Member ID: _____
 New CSI Member (include [CSI Membership Application](#) & \$25 membership fee)

Female – current or past members ([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 League Member League Name: _____ League #: _____
 ID: _____ Team Name Qualified on: _____ Weeks Played: _____
 Current CSI Member – CSI Member ID: _____
 Renew CSI Member (include \$25 membership fee) – CSI Member ID: _____
 New CSI Member (include [CSI Membership Application](#) & \$25 membership fee)

TEAM ROSTER (if applicable)**LEAGUE INFO** (print or type)

League Name: _____ No. _____ League Operator: _____
 Division Name: _____ Division Number: _____

TEAM NAME (print or type): _____

Player	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 8-Ball Teams (4-player teams).						

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

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						