

2017 NEW ENGLAND REGIONAL 8-BALL CHAMPIONSHIPS ENTRY FORM

PERSON SUBMITTING FORM *(Print or Type)*

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

INSTRUCTIONS	SCOTCH DOUBLES	START ¹	TEAM RATING LIMIT	RACE	ENTRY FEE <i>(by Aug. 7)</i>	ENTRY FEE <i>(Aug. 8-28)</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"/> Scotch Doubles 8-Ball	9/1 (Fri.) 2pm	1,100	4	\$60	\$80
SINGLES		START ¹	COMPOSITION <i>(approx.)</i>	RACE	ENTRY FEE <i>(by Aug. 1)</i>	ENTRY FEE <i>(Aug. 2-29)</i>	ENTRY FEE ² <i>(on-site)</i>
<input type="checkbox"/> Mixed 8-Ball Singles		9/2 (Sat.) 11am	All	Var.	\$65	\$75	\$85
<input type="checkbox"/> Women's 8-Ball Singles	9/2 (Sat.) 2pm	All	Var.	\$55	\$65	\$75	

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.
2. On-site entries must be received two hours prior to the start time.

STEP 2

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

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

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

IMPORTANT DATES

Aug. 7: Last day for early entry discount
Aug. 14: Last day for mailed entries
Aug. 21: Last day for refund requests
Aug. 28: Last day to register online
Sept. 1: Event begins

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

Complete the player information section 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.

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



PLAYER INFORMATION (SINGLES & SCOTCH DOUBLES) (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/USAPL 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/USAPL 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)

SCOTCH DOUBLES TEAM RATING (if applicable): _____