




2019 CSI ARIZONA STATE 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 ²	ENTRY FEE <i>(by Dec 10)</i>	ENTRY FEE <i>(Dec 11-Jan 4)</i>	ENTRY FEE ³ <i>(on-site)</i>	
STEP 1 Read the Tournament Guide to ensure that you understand the structure and eligibility requirements of each division.	<input type="checkbox"/> Scotch Doubles	<i>1/9 (Wed.) 6pm</i>	<i>1,100</i>	<i>Hdcp.</i>	\$80	\$100	\$120	
	SINGLES DIVISIONS	START ¹	COMPOSITION <i>(approx.)</i>	RACE ²	ENTRY FEE <i>(by Dec 10)</i>	ENTRY FEE <i>(Dec 11-Jan 4)</i>	ENTRY FEE ³ <i>(on-site)</i>	
	<input type="checkbox"/> Mixed 9-Ball Singles	<i>1/8 (Tue.) 6pm</i>	<i>All</i>	<i>Hdcp.</i>	\$75	\$90	\$105	
	<input type="checkbox"/> Mixed 10-Ball Singles	<i>1/9 (Wed.) 6pm</i>	<i>All</i>	<i>Hdcp.</i>	\$75	\$90	\$105	
STEP 2 Place an "x" in the box of every division you wish to enter. You do not need to submit multiple entry forms.	<input type="checkbox"/> Mixed 8-Ball Singles	<i>Platinum Division</i>	<i>1/10 (Thu.) 6pm</i>	<i>Upper half of field</i>	<i>Hdcp.</i>	\$75	\$90	\$105
		<i>Gold Division</i>	<i>1/10 (Thu.) 6pm</i>	<i>Lower half of field</i>	<i>Hdcp.</i>	\$75	\$90	\$105
	<input type="checkbox"/> Women's 8-Ball Singles		<i>1/10 (Thu.) 6pm</i>	<i>All</i>	<i>Hdcp.</i>	\$75	\$90	\$105
	TEAM DIVISIONS	START ¹	TEAM SIZE / RATING LIMIT	RACE ²	ENTRY FEE <i>(by Dec 10)</i>	ENTRY FEE <i>(Dec 11-Jan 4)</i>	ENTRY FEE ³ <i>(on-site)</i>	
	Mixed 8-Ball Teams							
	<input type="checkbox"/> <i>Platinum Division</i>	<i>1/12 (Sat.) 10am</i>	<i>3-player (1,800)</i>	<i>13</i>	\$300	\$330	\$360	
	<input type="checkbox"/> <i>Gold Division</i>	<i>1/12 (Sat.) 10am</i>	<i>4-player (2,200)</i>	<i>Hdcp.</i>	\$300	\$340	\$380	
	Women's 8-Ball Teams							
	<input type="checkbox"/> <i>Gold Division</i>	<i>1/12 (Sat.) 10am</i>	<i>3-player (1,500)</i>	<i>Hdcp.</i>	\$240	\$270	\$300	
	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. Races indicated as "Hdcp." will be handicapped based on FargoRate. Review the Tournament Details document for more information about handicapping. Please note that the Platinum Mixed Teams division is non-handicapped, race to 13. 3. On-site entries must be received by 6pm on the day before the start date for teams and by 2pm on the start day of the other divisions.							
HOW TO SUBMIT FORM <i>(if not registering online)</i>				IMPORTANT DATES				
Online: www.playcsipool.com/2019-az-state Email: entry@playcsipool.com Fax: 702-719-7667 Postal Mail: CueSports International 2041 Pabco Road, Henderson, NV 89011				Dec. 10: SAVE \$ Last day for early entry discount Dec. 17: SAVE \$ Last day for hotel discount Dec. 24: Last day for mailed entries Jan. 4: Last day for refund requests Jan. 4: Last day to register online				
PAYMENT METHOD <i>(US Funds Only)</i>								
<input type="checkbox"/> Check / Money Order <i>(postal mail only)</i> <input type="checkbox"/> Credit Card <i>(email, fax, or postal mail)</i> – Total Charge: \$ _____ Exact Name on Card: _____ Card #: _____ Exp. Date: _____ Card Billing Zip: _____ Phone: _____ Cardholder Signature: _____ Email <i>(for receipt)</i> : _____								
STEP 3 Complete the payment section and sign the terms & conditions.								
STEP 4 If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form.								
STEP 5 Book your room at Casino Del Sol Resort by calling: 855-765-7829 and mention the 2019 AZ State Championships								
TERMS & CONDITIONS								
<i>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.</i>								
Player/Captain Signature: _____						Date: _____		
<i>(Typed or signed name here indicates signature on behalf of all players.)</i>								
powered by FargoRate								

PLAYER INFORMATION (SINGLES & SCOTCH DOUBLES) (Print or Type)**Male** ([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 or USAPL League Name: _____ League #: _____
 Member ID: _____ Team Name Qualified on: _____ Weeks Played: _____

Female ([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 or USAPL League Name: _____ League #: _____
 Member ID: _____ Team Name Qualified on: _____ Weeks Played: _____

SCOTCH DOUBLES TEAM RATING (*if applicable*): _____ (*may not exceed 1,100*)**TEAM ROSTER** (*if applicable*)**LEAGUE INFO** (*print or type*)

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

TEAM NAME (*print or type*): _____

Substitutions: The core roster is used to determine the total team rating. Teams may substitute players in any round but the substitute must be rated the same or lower than the person being replaced. The total team rating remains the same throughout the event as determined by the core roster.

Team	Name (First, Last)	Member ID (last 8 digits)	Fargo Rating	Weeks Played	Email Address	Phone
Core Roster (<i>used to determine team rating</i>)						
Core Player 1 (Capt. Y/N)						
Core Player 2						
Core Player 3						
Core Player 4						
Do not use "Core Player 4" row for Mixed Platinum Teams or Women's Teams (3-player formats).						

[\(find Member IDs, find Fargo Ratings\)](#)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						
Do not use "Substitute 2" row for Mixed Platinum Teams or Women's Teams (3-player formats).						