

2019 USA POOL LEAGUE NATIONAL CHAMPIONSHIPS ENTRY FORM



PERSON SUBMITTING FORM (Print or Type)

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

INSTRUCTIONS	SINGLES	START	COMPOSITION (approx.)	RACE	ENTRY (by June 4)	ENTRY (June 5-25)	ENTRY (on-site)
STEP 1 Read the Tournament Guide to ensure that you understand the structure and eligibility requirements of each division.	<input type="checkbox"/> 9-Ball Singles						
	Gold Division	7/19 (Fri)	Upper 50% of field	Hdcp	\$150	\$175	N/A
	Silver Division	7/19 (Fri)	Lower 50% of field	Hdcp	\$150	\$175	N/A
	<input type="checkbox"/> 8-Ball Singles						
	Gold Division	7/23 (Tue)	Upper 50% of field	Hdcp	\$150	\$175	N/A
	Silver Division	7/23 (Tue)	Lower 50% of field	Hdcp	\$150	\$175	N/A
	<input type="checkbox"/> 10-Ball Singles						
	Gold Division	7/26 (Fri)	All	Hdcp	\$150	\$175	N/A
	TEAMS	START	TEAM RATING LIMIT	RACE	ENTRY (by June 4)	ENTRY (June 5-25)	ENTRY (on-site)
	<input type="checkbox"/> 9-Ball Teams (5-player)	7/17 (Wed.)	2,375	Hdcp	\$625	\$675	N/A
<input type="checkbox"/> Women's 8-Ball Teams (3-player)	7/21 (Sun)	1,275	Hdcp	\$375	\$405	N/A	
<input type="checkbox"/> 8-Ball Teams (5-player)	7/21 (Sun)	2,375	Hdcp	\$625	\$675	N/A	
<input type="checkbox"/> 10-Ball Teams (5-player)	7/25 (Thu)	2,375	Hdcp	\$625	\$675	N/A	

STEP 2

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

STEP 3

Complete the payment section & sign the acknowledgment statement.

STEP 4

If registering for team division(s), complete the applicable team roster(s) on page 2 and submit with your entry form.

STEP 5

Book your room at the Rio All-Suite Hotel & Casino! [Book online here](#) or call 888-746-6955 and use Group Code: **SRUCUE9**

Tip! Use the online reservation link to avoid phone processing charges.

PLAYER INFORMATION (Print or Type)

Name (First, MI, Last): _____ D.O.B: _____
 Email: _____ Phone: _____
 Address: _____ City, State: _____
 Member ID: _____ ([find Member ID](#)) Weeks Played: _____

LEAGUE INFORMATION (Print or Type)

League #: _____ League Name: _____
 Division: _____ Team Qualified on: _____

HOW TO SUBMIT FORM (if not registering online)

Online: www.playcspool.com/events
Email: entry@playcspool.com
Fax: 702-719-7667
Postal Mail: CueSports International
 2041 Pabco Road
 Henderson, NV 89011

IMPORTANT DATES

June 3: Early entry discount ends
June 10: Last day for personal checks
June 25: Last day to register
June 28: Last day for refund requests
July 1: TBA names due
July 5: Last day for change requests

PAYMENT METHOD (US Funds Only)

Earned Entry (if partial, list remainder owed) \$ _____
 Total Due: \$ _____ Credit Card Check Money Order Prize Fund
 Exact Name on Card: _____
 Card #: _____ Exp. Date: _____ Card Billing Zip: _____
 Cardholder Signature: _____
 Cardholder Email (for receipt): _____

ACKNOWLEDGMENT

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.)

8-BALL TEAM ROSTER

LEAGUE INFO (print or type)

League Name: _____ No. _____ League Manager: _____

Division Name: _____ Division Number: _____

Team Name: _____

PLAYERS	NAME (First, Last)	MEMBER ID (last 8 digits)	FARGO RATING	WEEKS PLAYED	EMAIL ADDRESS	PHONE	ORIGINAL PLAYER? Y/N
Captain							
Player 2							
Player 3							
Player 4							
Player 5							
Player 6							
Player 7							
Player 8							

*An Original Player is defined as a player who has played eight (8) or more weeks with the same team in the Spring Session. ([find Member IDs](#), [find Fargo Ratings](#))

9-BALL / 10-BALL TEAM ROSTER

If playing both 9-Ball & 10-Ball with different team rosters, please submit second roster and list which division each is playing

LEAGUE INFO (print or type)

League Name: _____ No. _____ League Manager: _____

Division Name: _____ Division Number: _____

Team Name: _____

PLAYERS	NAME (First, Last)	MEMBER ID (last 8 digits)	FARGO RATING	WEEKS PLAYED	EMAIL ADDRESS	PHONE	ORIGINAL PLAYER? Y/N
Captain							
Player 2							
Player 3							
Player 4							
Player 5							
Player 6							
Player 7							
Player 8							

*An Original Player is defined as a player who has played eight (8) or more weeks with the same team in the Spring Session. ([find Member IDs](#), [find Fargo Ratings](#))