

2021 CSI WISCONSIN STATE CHAMPIONSHIPS ENTRY FORM**PERSON SUBMITTING FORM** (Print or Type)

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

INSTRUCTIONS	SCOTCH DOUBLES	START ¹	SPLIT (approx)	RACE ²	EARLY ENTRY (by Jan 4)	LATE ENTRY (Jan 5-20)	ON-SITE ³ ENTRY
STEP 1 Read the Player Guide to ensure you understand the structure and eligibility requirements of each division.	<input type="checkbox"/> 8-Ball Scotch Doubles (1,300 max team rating / teams may be male/male, female/female or male/female)						
	Platinum Division	1/26 (Tue) 6pm	All Teams	R4 Hot	\$120	\$140	\$160
	Gold Division	1/26 (Tue) 6pm	Lower 65%	R4 Hot	\$120	\$140	\$160
STEP 2 Place an "X" in the box of every division you wish to enter. You do not need to submit multiple entry forms.	SINGLES	START ¹	SPLIT (approx)	RACE	EARLY ENTRY (by Jan 4)	LATE ENTRY (Jan 5-20)	ON-SITE ³ ENTRY
	<input type="checkbox"/> 10-Ball Singles						
	Platinum Division	1/27 (Wed) 9am	Upper 35%	6	\$100	\$120	\$140
	Gold Division	1/27 (Wed) 9am	Lower 65%	5	\$100	\$120	\$140
	<input type="checkbox"/> 8-Ball Singles						
	Platinum Division	1/28 (Thu) 9am	Upper 33%	6	\$100	\$120	\$140
	Gold Division	1/28 (Thu) 9am	Middle 34%	5	\$100	\$120	\$140
	Silver Division	1/28 (Thu) 9am	Lower 33%	4	\$100	\$120	\$140
	<input type="checkbox"/> Ladies 8-Ball Singles	1/28 (Thu) 9am	---	R5 Med	\$100	\$120	\$140
	<input type="checkbox"/> Invitational 8-Ball Singles	1/29 (Fri) 6pm	---	9	\$500	\$520	\$540
STEP 3 Complete the payment section and sign the player agreement.	TEAMS (round robin format)	START ¹	SPLIT (approx)	RACE ²	EARLY ENTRY (by Jan 4)	LATE ENTRY (Jan 5-20)	ON-SITE ³ ENTRY
	<input type="checkbox"/> 8-Ball Teams (5-player / 2,900 max team rating)						
	Platinum Division	1/29 (Fri) 6pm	Upper 50%	15 / R11	\$400	\$450	\$500
	Gold Division	1/29 (Fri) 6pm	Lower 50%	15 / R11	\$400	\$450	\$500
	<input type="checkbox"/> Ladies 8-Ball Teams (4-player / 2,000 max team rating)						
	Platinum Division	1/29 (Fri) 6pm	---	12 / R9	\$320	\$360	\$400
STEP 4 If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form.	1. Start times shown are the earliest possible start times. Actual start times may be later. Check the tournament brackets for actual times. 2. The first number is the total number of games per match that will be played between opposing teams in the group round robin stage (Stage 1). The second number is the handicapped race that will be played in the final elimination bracket (Stage 2). Races indicated as R11 will be handicapped based on the FargoRate R11 Hot race chart. Races indicated as R9 will be handicapped based on the FargoRate R9 Hot race chart. Please review the Player Guide for more information. 3. On-site entries must be received by at least four (4) hours prior to the division start or 6pm the day before for 9am start times. On-site entries not accepted for teams.						
	PAYMENT METHOD (US Currency Only)						
STEP 5 Book your room at Ho-Chunk Gaming. Online Click here and enter 11311 in the group code field. Phone 1-800-746-2486 and mention CueSports International or group code 11311.	<input type="checkbox"/> Check / Money Order (postal mail only) <input type="checkbox"/> 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): _____						
	PLAYER AGREEMENT						
	I hereby acknowledge that I have read and completely understand the Player Guide and/or all tournament rules and regulations. 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 without limitation.						
	Player/Captain Signature: _____ Date: _____ (Typed or signed name here indicates signature on behalf of all players)						

WAYS TO REGISTER

Online: www.playcspool.com/2021-wisconsin-state-championships
 Email: entry@playcspool.com
 Fax: 702-719-7667
 Postal Mail: CueSports International
 2041 Pabco Road
 Henderson, NV 89011

IMPORTANT DATES

Jan 4: Last day for early discount
 Jan 11: Last day for mailed entries & personal checks
 Jan 12: Last day for hotel discount
 Jan 20: Last day to register online
 Jan 22: Last day for refund & change requests
 Jan 27: Event begins

SINGLES REGISTRATION (if applicable)

First Name: _____ MI: _____ Last Name: _____
 Email: _____ Mailing Address: _____
 City: _____ State / Prov. _____ Zip Code: _____ Country: _____
 Phone: _____ Date of Birth: _____ / _____ / _____ Fargo Rating:
 CSI League Member ID League Name: _____ League #: _____
 _____ Team Name Qualified on: _____ Weeks Played: _____

SCOTCH DOUBLES REGISTRATION (if applicable)

Team	Name (First, Last)	Member ID (last 8 digits)	Fargo Rating	Weeks Played	Email Address (required)	Phone
Player 1						
Player 2						

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

Team Rating (may not exceed the limit for the selected division)

TEAM REGISTRATION (print or type)

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

Team	Name (First, Last)	Member ID (last 8 digits)	Fargo Rating	Weeks Played	Email Address (required)	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 enter Core Player 5 for Ladies Teams (4-player).						

([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						