

# 2022 CSI ARIZONA STATE CHAMPIONSHIPS ENTRY FORM

## PERSON SUBMITTING FORM (Print or Type)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

INSTRUCTIONS	SCOTCH DOUBLES	START <sup>1</sup>	TEAM MAX RATING	RACE	EARLY ENTRY (by Dec 6)	LATE ENTRY (Dec 7-Jan 5)	ON-SITE <sup>3</sup> ENTRY	
<b>STEP 1</b> Read the Player Guide to ensure you understand the structure and eligibility requirements of each division.	<input type="checkbox"/> 8-Ball Scotch Doubles	1/11 (Tue) 6pm	1,100	R4 Hot	\$120	\$140	\$160	
	SINGLES	START <sup>1</sup>	SPLIT (approx)	RACE	EARLY ENTRY (by Dec 6)	LATE ENTRY (Dec 7-Jan 5)	ON-SITE <sup>3</sup> ENTRY	
	<input type="checkbox"/> 10-Ball Singles	1/12 (Wed) 9am	All	R5 Hot	\$100	\$120	\$140	
	<input type="checkbox"/> 8-Ball Singles							
	Platinum Division	1/13 (Thu) 9am	Upper 50%	R5 Hot	\$100	\$120	\$140	
Gold Division	1/13 (Thu) 9am	Lower 50%	R5 Hot	\$100	\$120	\$140		
<input type="checkbox"/> Ladies 8-Ball Singles	1/13 (Thu) 9am	All	R4 Hot	\$100	\$120	\$140		
<b>STEP 2</b> Place an "X" in the box of every division you wish to enter. You do not need to submit multiple entry forms.	TEAMS (CSI Group Play format)	START <sup>1</sup>	SPLIT (approx)	RACE <sup>2</sup>	EARLY ENTRY (by Dec 6)	LATE ENTRY (Dec 7-Jan 5)	ON-SITE <sup>3</sup> ENTRY	
	<input type="checkbox"/> 8-Ball Teams (5-player teams / 2,750 max team rating)							
	Platinum Division <sup>4</sup>	1/14 (Fri) 6pm	Upper 50%	15 / R11	\$400	\$450	N/A	
	Gold Division <sup>4</sup>	1/14 (Fri) 6pm	Lower 50%	15 / R11	\$400	\$450	N/A	
	<input type="checkbox"/> Ladies 8-Ball Teams (3-player teams / 1,350 max team rating)							
Ladies Division	1/14 (Fri) 6pm	All	9 / R7	\$240	\$270	N/A		
<b>STEP 3</b> Complete the payment section and sign the player agreement.	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 R"x" will be handicapped based on the specific FargoRate 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 prior for am start times. 4. If the total number of 8-Ball Teams does not reach 60 teams, all teams may compete in one division.							
	PAYMENT METHOD (US Currency Only)							
	<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): _____							
	<b>HOW TO REGISTER</b>							
Online: <a href="http://www.playcsipool.com/2022-arizona-state-championships">www.playcsipool.com/2022-arizona-state-championships</a> Email: <a href="mailto:entry@playcsipool.com">entry@playcsipool.com</a> Fax: 702-719-7667 Postal Mail: CueSports International 2041 Pabco Road Henderson, NV 89011				<b>IMPORTANT DATES</b> Dec 6: Last day for early discount Dec 13: Last day for mailed entries & personal checks Dec 20: Last day for hotel discount Dec 27: Last day for refund & change requests Jan 5: Last day to register online Jan 11: Event begins @ 6pm				
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)								
<b>STEP 4</b> If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form.								
<b>STEP 5</b> Reserve your room at Casino Del Sol Resort.  <b>Online</b> <a href="#">Click here.</a> Group code coming soon.  <b>Phone</b> Call 855-765-7829 and mention the 2022 AZ State Championships.								

## SINGLES & SCOTCH DOUBLES REGISTRATION (Print or Type)

### Player 1

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

### Player 2

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

SCOTCH DOUBLES TEAM RATING (if applicable): \_\_\_\_\_ (may not exceed 1,100)

## 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
<b>Core Roster</b> (used to determine team rating)						
Core Player 1 (Capt. Y/N)						
Core Player 2						
Core Player 3						
Core Player 4	Do not use Core Player 4 for Ladies Teams (3-player).					
Core Player 5						
	Do not use Core Player 5 for Ladies Teams (3-player).					

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 for Ladies Teams (3-player).					