## 2023 CSI MICHIGAN STATE CHAMPIONSHIPS ENTRY FORM

PERSON SUBMITT	TING FORM (Print or Type)								
First Name:		MI:	Last Nai	me:					
Email:			Phone:						
INSTRUCTIONS	SCOTCH DOUBLES	START <sup>1</sup>	TEAM MAX RATING	RACE	EARLY ENTRY (by Aug 14)	LATE ENTRY (Aug 15-Sept 11)	ON-SITE ENTRY		
STEP 1	☐ 8-Ball Scotch Doubles	9/19 (Tue) 3pm	1,100	R4 Hot	\$120	\$140	N/A		
Read the Player Guide to ensure you understand	SINGLES	START <sup>1</sup>	SPLIT (approx)	RACE	EARLY ENTRY (by Aug 14)	LATE ENTRY (Aug 15-Sept 11)	ON-SITE ENTRY		
the structure and eligibility	☐ 10-Ball Singles☐ 8-Ball Singles	9/19 (Tue) 3pm	All	R5 Hot	\$100	\$120	N/A		
requirements of each division.	Platinum Division Gold Division	9/21 (Thu) 9am 9/21 (Thu) 9am	Upper half Lower half	R5 Hot R5 Hot	\$100 \$100	\$120 \$120	N/A N/A		
STEP 2	☐ Ladies 8-Ball Singles	9/21 (Thu) 9am	All	R4 Hot	\$100	\$120	N/A		
Place an "X" in the box of every	TEAMS (CSI Group Play format)	START <sup>1</sup>	SPLIT <sup>4</sup> (approx)	RACE <sup>2</sup>	(by Aug 14)	LATE ENTRY (Aug 15-Sept 11)	ON-SITE ENTRY		
division you wish to enter. You do not need to submit multiple entry	□ 8-Ball Teams (5-player / 2, Platinum Division <sup>3</sup> Gold Division <sup>3</sup>	,750 max team rating) 9/22 (Fri) 6pm 9/22 (Fri) 6pm	Upper half Lower half	15 / R11 15 / R11	\$400 \$400	\$450 \$450	N/A N/A		
forms.	Ladies 8-Ball Teams (3-player / 1,350 max team rating) Ladies Division 9/22 (Fri) 6pm All 9 / R7 \$240 \$270 N/A  1. Start times shown are the earliest possible start times. Actual start times may be later. Check the tournament brackets for actual times.								
STEP 4  If registering for team division(s), complete the applicable team	will be handicapped based on the specific FargoRate Hot race chart. Please review the Player Guide for more information.  3. 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)  Check / Money Order (postal mail only)  Credit Card (email or postal mail) – Total Charge: \$  Exact Name on Card:  Card #:								
applicable team roster(s) on page 2 and submit it with your entry form.	Exp. Date: Cardholder Signature: Email (for receipt):					ne:			
STEP 5	HOW TO REGISTER			IMPO	RTANT DATES				
Reserve your room.  Fairfield-Inn-Battle Creek	Online: <a href="www.playcsipool.com">www.playcsipool.com</a> Email: <a href="mailto:entry@playcsipool.com">entry@playcsipool.com</a> Postal Mail: <a href="mailto:CueSports">CueSports Intern</a> 1100 Grier Drive	national	-championships	Aug 14 Aug 17 Aug 21 Sept 1 Sept 1	Last day for hot Last day for ma Last day for refu	tel discount iled entries & persona und & change request			
Online: Visit the event webpage	Vegas, NV 89119			Sept 19	, ,				
Phone:	PLAYER AGREEMENT								
269-979-8000 & mention group code: CSI  Baymont Inn & Suites Online: Visit the event webpage  Phone: 269-565-0500 &	I hereby acknowledge that I hav abide by all rules & regulations player's eligibility, refuse entry t & payouts based on, but not lim sponsors, and affiliates are relea incurred by me, my heirs, or per liability, if any, is limited to reim any prize money or award won address to its email list. CSI may video, and other media without	implemented by CueSi o anyone for any reaso nited to, field sizes, incle used and to be held har rsonal representatives of bursement of the entry by that player or team a also use my photogra	ports Internationa on, change field siz ement weather, ac rmless of and from either caused or al of fee paid to that conditions	I (ĆSI). CSI reser tes, adjust rating cts of God, war, n any injury, illne lleged to be cau division. Disqual pension from fu	ves the following riggs, display names and or terrorism. CSI and ess, losses, damages used during or surrolification from any Cuture CSI produced of the control of the con	ghts and responsibilitie of ratings online, chan d all representatives, ac , liability, or expenses unding this event. Ma SI event shall result in events. CSI may add m	es: determine a ge schedules gents, of any kind ximum forfeiture of ly email		
mention Group	Player/Captain Signature:					Date:			
code: SPORTS	i iayen captain signature:	(Typed or signed name	here indicates signat	ture on behalf of a	all plavers)	Date			

l <b>ayer 1</b> rst Name <sup>.</sup>			MI:	Last Nai	me:	
					Postal Code: _	
none:			Date of Birth:		Fargo Rating:	
eague Name:						League #:
ember ID:	Team	n Name Qualified on:				Weeks Played:
ayer 2						
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mail:			Mailing Addre	ess:		
ity:			State / Prov		Postal Code: _	
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ague Name:						League #:
ember ID:	Team	n Name Qualified on:				Weeks Played:
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eague Name:	·				ue Operator:ion Number:	
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