

2023 CSI LEAGUES OKLAHOMA 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 ⁴ | EARLY ENTRY (by Sep 25) | LATE ENTRY (Sep 26-Oct 23) | ON-SITE ENTRY ³ | |
|---|---|---------------------------|-----------------------|--------------------------|--------------------------------|-----------------------------------|-----------------------------------|--|
| 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 (1,100 max team rating / teams may be male/male, female/female or male/female) | | | | | | | |
| | Gold Division | 10/31 (Tue) 4pm | All | R4 Hot | \$120 | \$140 | 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. | SINGLES | START ¹ | SPLIT (approx) | RACE ⁴ | EARLY ENTRY (by Sep 25) | LATE ENTRY (Sep 26-Oct 23) | ON-SITE ENTRY ³ | |
| | <input type="checkbox"/> 10-Ball Singles ⁴ | 10/31 (Tue) 4pm | All | R5 Hot | \$100 | \$120 | N/A | |
| | <input type="checkbox"/> 8-Ball Singles ⁴ | | | | | | | |
| | Platinum Division | 11/2 (Thu) 9am | Upper 50% | R5 Hot | \$100 | \$120 | N/A | |
| | Gold Division | 11/2 (Thu) 9am | Lower 50% | R5 Hot | \$100 | \$120 | N/A | |
| | <input type="checkbox"/> Ladies 8-Ball Singles ⁴ | 11/2 (Thu) 9am | All | R4 Hot | \$100 | \$120 | N/A | |
| STEP 3 Complete the payment section and sign the player agreement. | TEAMS (CSI Group Play format) | START ¹ | SPLIT (approx) | RACE ² | EARLY ENTRY (by Sep 25) | LATE ENTRY (Sep 26-Oct 23) | ON-SITE ENTRY ³ | |
| | <input type="checkbox"/> 8-Ball Teams (5-player / 2,750 max team rating) | | | | | | | |
| | Platinum Division | 11/3 (Fri) 4pm | Upper 50% | 15 / R11 | \$400 | \$450 | N/A | |
| | Gold Division | 11/3 (Fri) 4pm | Lower 50% | 15 / R11 | \$400 | \$450 | N/A | |
| STEP 4 If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form. | <input type="checkbox"/> Ladies 8-Ball Teams (3-player / 1,350 max team rating) | | | | | | | |
| | Ladies Division | 11/3 (Fri) 4pm | --- | 9 / R7 | \$240 | \$270 | N/A | |
| STEP 5 Please visit the event website at: https://www.playc-sipool.com/2023-oklahoma-state-championships to book your room. | 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 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 R7 will be handicapped based on the FargoRate R7 Hot race chart. Please review the Player Guide for more information. 3. On-site entries are not accepted for any division, except the Second Chance divisions. See the Player Guide for more info. 4. Races are handicapped based on the FargoRate Rx Hot race chart. | | | | | | | |
| | PAYMENT METHOD (US Currency Only) | | | | | | | |
| | <input type="checkbox"/> Check / Money Order (postal mail only) <input type="checkbox"/> Credit Card (email 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) | | | | | | | | |

Online: www.playcspool.com/2023-oklahoma-state-championships
 Email: entry@playcspool.com
 Postal Mail: CueSports International
 1100 Grier Drive
 Las Vegas, NV 89119

Sep 25: Last day for early discount
 Sep 30: Last day for hotel discount
 Oct 9: Last day for mailed entries & personal checks
 Oct 23: Last day for refund & change requests
 Oct 23: Last day to register
 Oct 31: Tournament begins

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 |
|--|---|------------------------------|-----------------|-----------------|-----------------------------|-------|
| Core Roster (used to determine team rating) | | | | | | |
| Core Player 1 (Capt. Y/N) | | | | | | |
| Core Player 2 | | | | | | |
| Core Player 3 | | | | | | |
| Core Player 4 | Do not enter Core Player 4 for Ladies Teams (3-player). | | | | | |
| Core Player 5 | Do not enter 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). | | | | | |