2023 CSI WISCONSIN STATE CHAMPIONSHIPS ENTRY FORM

PERSON SUBMITT	TING FORM (Print or Type)										
First Name:		MI:	Last Name:								
INSTRUCTIONS	SCOTCH DOUBLES	START ¹	SPLIT (approx)	RACE ²	(by Apr 17)	(Apr 18-May 8)	ON-SITE ³ ENTRY				
STEP 1	□ 8-Ball Scotch Doubles (1,100 max team rating / teams may be male/male, female/female or male/female)										
Read the Player	Gold Division	5/17 (Wed) 9am	All	R4 Hot	\$120	\$140	\$160				
Guide to ensure you understand the structure and	SINGLES	START ¹	SPLIT (approx)	RACE	EARLY ENTRY (by Apr 17)	LATE ENTRY (Apr 18-May 8)	ON-SITE ³ ENTRY				
eligibility requirements of each division.	☐ 10-Ball Singles ⁴ Platinum Division Gold Division ☐ 8-Ball Singles ⁴	5/17 (Wed) 9am 5/17 (Wed) 9am	Upper 35% Lower 65%	R5 Hot R5 Hot	\$100 \$100	\$120 \$120	\$140 \$140				
STEP 2 Place an "X" in the box of every division you wish to enter. You do not need to submit multiple	Platinum Division Gold Division Ladies 8-Ball Singles 4	5/18 (Thu) 9am 5/18 (Thu) 9am 5/18 (Thu) 9am	Upper 50% Middle 50%	R5 Hot R5 Hot R4 Hot	\$100 \$100 \$100	\$120 \$120 \$120	\$140 \$140 \$140				
	TEAMS (CSI Group Play format)	START ¹	SPLIT (approx)	RACE ²	EARLY ENTRY (by Apr 17)	LATE ENTRY (Apr 18-May 8)	ON-SITE ³ ENTRY				
entry forms. STEP 3 Complete the payment section and sign the player agreement. STEP 4 If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form. STEP 5 Please visit the event website at: CLICK HERE to book your room.	□ 8-Ball Teams (5-player / 2,900 max team rating) Platinum Division 5/19 (Fri) 6pm Upper 50% 15 / R11 \$400 \$450 N/A Gold Division 5/19 (Fri) 6pm Lower 50% 15 / R11 \$400 \$450 N/A □ Ladies 8-Ball Teams (3-player / 1,350 max team rating) Ladies Division 5/19 (Fri) 6pm 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. 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 must be received by at least four (4) hours prior to the division start or 6pm the day before for 9am start times. 4. Races are handicapped based on the FargoRate Rx Hot race chart. Although matches are handicapped, there is a minimum race to 3. PAYMENT METHOD (US Currency Only)										
	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: [Typed or signed name here indicates signature on behalf of all players]										

WAYS TO REGISTER

Online: www.playcsipool.com/2023-wisconsin-state-championships

Email: entry@playcsipool.com
Postal Mail: CueSports International
2041 Pabco Road
Henderson, NV 89011

IMPORTANT DATES

Dec 31: Last day to get qualified Apr 17: Last day for early discount

Apr 24: Last day for mailed entries & personal checks

Apr 29: Last day for hotel discount

May 8: Last day for refund & change requests

May 8: Last day to register online

Player 1	SINGLES & SCO	OTCH DOUBLES REGISTRA	TION (Print or Typ	pe)				
Mailing Address Postal Code	Player 1							
State / Prov. Postal Codes Phone Date of Birth: Fargo Rating:								
Phone: Date of Birth: Fargo Rating: Loague #: Member ID; Team Name Qualified on: Weeks Played: Postal Code: Fargo Rating: Cague #: Weeks Played: Postal Code: Postal C				_				
League #: Member ID:								
Member ID Team Name Qualified on:	Phone:			Date of Birth:		Fargo Rating:		
Player 2 First Name:	=						=	
First Name:	Member ID:	Team N	ame Qualified on:				Weeks Played:	
First Name:	Player 2							
Email:	•		٨	ΛI·	Last N	ame [.]		
State / Prov. Postal Code: Phone: Date of Birth: Fargo Rating: League #: Weeks Played: Weeks Played: Weeks Played: Postal Code: Player State of Birth: Pargo Rating: Weeks Played: Weeks Played: Playe								
Phone:				_				
League Name:								
Member ID: Team Name Qualified on: (may not exceed 1,100) TEAM REGISTRATION (print or type) League Name: No League Operator: Division Name: Division Number: Team Name: Name (First, Last) Member ID (last 8 digits) Rating Played (required) Phone Core Roster (used to determine team rating) Core Player 1 ((Capt. Yes?)								
TEAM REGISTRATION (print or type) League Name: Division Name: Team Name (First, Last) Core Roster (used to determine team rating) Core Player 1 (Capt. Yes?) Core Player 4 Do not enter Core Player 4 for Ladies Teams (3-player). Team Rating (may not exceed the limit for the selected division) Substitute 1 (Capt. Yes?) Substitute 2 (may not exceed 1,100) League Operator: Division Number:								
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League Name:								
League Name:	TEAM DEGISTE	PATION (print or typo)						
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