2023 AMOW STATE 10-BALL TOURNAMENT ENTRY FORM

PERSON SUBMITTING FORM (Print or Type)

First Name: _____ MI: _____ Last Name: _____

Email: _____ Phone: _____

INSTRUCTIONS	SINGLES	START [1]	SPLIT (approx)	RACE	ENTRY DEADLINE (by Oct 26)	LATE ENTRY	ON-SITE ENTRY
Step 1 Read the Player Guide to ensure you understand the structure and eligibility requirements of each division.	☐ Elite 10-Ball Singles (575+)						
	Elite Division	11/2 (Thu) 12pm	All	R5 Med	$140	N/A	N/A
	☐ 10-Ball Singles						
	Gold Division	11/2 (Thu) 12pm	Upper 50%	R4 Med	$80	N/A	N/A
	Silver Division	11/2 (Thu) 12pm	Lower 50%	R4 Med	$80	N/A	N/A

	TEAMS	START [1]	SPLIT [4] (approx)	RACE [2]	ENTRY DEADLINE (by Oct 26)	LATE ENTRY	ON-SITE ENTRY
Step 2 Place an "X" in the box of every division you wish to enter. You do not need to submit multiple entry forms.	☐ 10-Ball Teams (4-player / no max team rating)						
	Platinum Division [3]	11/3 (Fri) 6pm	Upper 50%	16 / R9	$400	N/A	N/A
	Gold Division [3]	11/3 (Fri) 6pm	Lower 50%	16 / R9	$400	N/A	N/A

1. Start times shown are the earliest possible start times. Actual start times may be later. Check the tournament brackets once posted. Singles full field calcutta for all divisions will be Thursday 11/2 at 11am. Team divisions' full field calcutta will be Friday 11/3 at 4:30pm.
2. The first number is the total number of games per match that will be played between opposing teams in Stage 1. The second number is the handicapped race that will be played in the Stage 2 final elimination bracket. Races indicated as R"x" will be handicapped based on the specific FargoRate Medium 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.

Step 3 Complete the payment section and sign the player agreement.

PAYMENT METHOD (US Currency Only)

☐ Check / Money Order (postal mail only)   ☐ 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): _____

Step 4 If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form.

HOW TO REGISTER

Online: www.playcsipool.com/2023-amow-10-ball-championships
Email: leslie@wyoamusement.com
Postal Mail: AMOW WyoAmusement
882 Lincoln Drive, Suite E
Sheridan, WY 82801

IMPORTANT DATES

Oct 17:   Last day for hotel discount
Oct 19:   Last day for mailed entries & personal checks
Oct 19:   Last day for refund & change requests
Oct 26:   Last day to register
Nov 2:   Event begins

Step 5 Reserve your room.

Best Western Downtown Casper Hotel
Phone: 307-439-2074 & mention group code: **Wyo State 10-Ball**

Ramkota Hotel
Phone: 269-266-6000

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 AMOW and CueSports International (CSI). AMOW and CSI reserve 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. AMOW, 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 AMOW and/or CSI produced events. AMOW and CSI may add my email address to its email list. AMOW and 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)

SINGLES 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: _____

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						

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

Substitutes (a substitute must be rated the same or lower than the person being replaced)						
Substitute 1						
Substitute 2						
Substitute 3						