

2024 CSI LEAGUES CARIBBEAN CHAMPIONSHIPS ENTRY FORM

PERSON SUBMITTING FORM (Print or Type)

First Name: _____ MI: _____ Last Name: _____
 Email: _____ Phone: _____

INSTRUCTIONS	SCOTCH DOUBLES DIVISIONS	START ¹	MAX RATING	RACE	EARLY ENTRY (by Sep 30)	LATE ENTRY (Oct 1-Oct 31)	
STEP 1 Read the Player Guide to ensure you understand the structure and eligibility requirements of each division. STEP 2 Place an "X" in the box of every division you wish to enter. You do not need to submit multiple 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 www.playcspool.com/events to book your room.	<input type="checkbox"/> 8-Ball Scotch Doubles Platinum Division 11/10 (Sun) 9am 1,100 R4/R5 \$120 \$140 Gold Division 11/10 (Sun) 9am 1,000 R4/R5 \$120 \$140						
	SINGLES DIVISIONS START ¹ SPLIT (approx) RACE EARLY ENTRY (by Sep 30) LATE ENTRY (Oct 1-Oct 31)	<input type="checkbox"/> 10-Ball Singles Platinum Division 11/10 (Sun) 9am Upper 1/2 R5/R6 \$100 \$120 Gold Division 11/10 (Sun) 9am Lower 1/2 R5/R6 \$100 \$120					
	<input type="checkbox"/> 8-Ball Singles Platinum Division 11/12 (Tue) 9am Upper 1/3 R5/R6 \$100 \$120 Gold Division 11/12 (Tue) 9am Middle 1/3 R5/R6 \$100 \$120 Silver Division 11/12 (Tue) 9am Lower 1/3 R5/R6 \$100 \$120	<input type="checkbox"/> Ladies 8-Ball Singles 11/12 (Tue) 9am All R4/R5 \$100 \$120					
	TEAMS DIVISIONS (CSI Group Play format) START ¹ SPLIT (approx) RACE EARLY ENTRY (by Sep 30) LATE ENTRY (Oct 1-Oct 31)	<input type="checkbox"/> 8-Ball Teams (2,750 limit) Platinum Division 11/14 (Thu) 4pm Upper 1/3 15/R11 \$400 \$450 Gold Division 11/14 (Thu) 4pm Middle 1/3 15/R11 \$400 \$450 Silver Division 11/14 (Thu) 4pm Lower 1/3 15/R11 \$400 \$450					
	<input type="checkbox"/> Ladies 8-Ball Teams (1,350 limit) 11/14 (Thu) 4pm All 9/R7 \$240 \$270						
	1. Start times shown are the earliest possible start times. Actual start times may be later. Check the tournament brackets for actual times.						
	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): _____						
	HOW TO REGISTER Online: www.playcspool.com/events Email: entry@playcspool.com Postal Mail: CueSports International 1100 Grier Drive Las Vegas, NV 89119			IMPORTANT DATES Sep 30: Last day for early discount Oct 14: Last day for mailed entries & personal checks Oct 31: Last day for refund & change requests Oct 31: Last day to register Nov 10: Event begins			
	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)						Date: _____

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 8-Ball Teams (3-player teams).					
Core Player 5	Do not enter Core Player 5 for Ladies 8-Ball Teams (3-player teams).					

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 8-Ball Teams (3-player teams).					