

2024 CSI LEAGUES WISCONSIN STATE CHAMPIONSHIPS ENTRY FORM

PERSON SUBMITTING FORM (Print or Type)

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

INSTRUCTIONS	SCOTCH DOUBLES DIVISIONS	START ¹	SPLIT (approx)	RACE	EARLY ENTRY (by Apr 15)	LATE ENTRY (Apr 16-May 6)
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 limit)	5/14 (Tue) 5pm	---	R4/R5	\$120	\$140
	SINGLES DIVISIONS	START ¹	SPLIT (approx)	RACE	EARLY ENTRY (by Apr 15)	LATE ENTRY (Apr 16-May 6)
STEP 2 Place an "X" in the box of every division you wish to enter. You do not need to submit multiple entry forms.	<input type="checkbox"/> 10-Ball Singles					
	Platinum Division	5/14 (Tue) 5pm	Upper 1/3	R5/R6	\$100	\$120
	Gold Division	5/14 (Tue) 5pm	Lower 2/3	R5/R6	\$100	\$120
	<input type="checkbox"/> 8-Ball Singles					
	Platinum Division	5/16 (Thu) 9am	Upper 1/3	R5/R6	\$100	\$120
	Gold Division	5/16 (Thu) 9am	Middle 1/3	R5/R6	\$100	\$120
	Silver Division	5/16 (Thu) 9am	Lower 1/3	R5/R6	\$100	\$120
	<input type="checkbox"/> Ladies 8-Ball Singles	5/16 (Thu) 9am	---	R4/R5	\$100	\$120
	TEAMS DIVISIONS (CSI Group Play format)	START ¹	SPLIT (approx)	RACE	EARLY ENTRY (by Apr 15)	LATE ENTRY (Apr 16-May 6)
	<input type="checkbox"/> 9-Ball Teams (1,650 limit)	5/14 (Tue) 5pm	---	15/R9	\$240	\$270
<input type="checkbox"/> 8-Ball Teams (2,900 limit)						
Platinum Division	5/17 (Fri) 6pm	Upper 1/3	15/R11	\$400	\$450	
Gold Division	5/17 (Fri) 6pm	Middle 1/3	15/R11	\$400	\$450	
Silver Division	5/17 (Fri) 6pm	Lower 1/3	15/R11	\$400	\$450	
<input type="checkbox"/> Ladies 8-Ball Teams (1,350 limit)	5/17 (Fri) 6pm	---	9/R7	\$240	\$270	
STEP 3 Complete the payment section and sign the player agreement.	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 roster(s) on page 2 and submit it with your entry form.	PAYMENT METHOD (US Currency Only)					
STEP 5 Please visit www.playcspool.com/events to book your room.	<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			IMPORTANT DATES		
Online: www.playcspool.com/events			Apr 15: Last day for early discount			
Email: entry@playcspool.com			Apr 22: Last day for mailed entries & personal checks			
Postal Mail: CueSports International			Apr 27: Last day for hotel discount			
1100 Grier Drive			May 6: Last day for refund & change requests			
Las Vegas, NV 89119			May 6: Last day to register			
			May 14: 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: _____				Date: _____		
(Typed or signed name here indicates signature on behalf of all players)						

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 9-Ball Teams or Ladies 8-Ball Teams (3-player teams).					
Core Player 5	Do not enter Core Player 5 for 9-Ball Teams or 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 9-Ball Teams or Ladies 8-Ball Teams (3-player teams).					