



ATTENTION: PLEASE READ THE TOURNAMENT GUIDELINES FOR MORE DETAILS

2026 ACS NATIONAL 8 BALL CHAMPIONSHIPS SINGLES ENTRY FORM

Tournament Venue: Westgate Las Vegas—3000 Paradise Rd, Las Vegas, NV 89109

NOTE: ALL EVENTS ARE PRE-REGISTERED

THERE WILL BE NO ONSITE SIGN UPS. ALL ENTRIES MUST BE DONE ON COMPUSPORT OR VIA EMAIL OR FAX

STEP 1 - Read the Tournament Guidelines to ensure you understand the structure and eligibility requirements of each division.

STEP 2 - Check 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 check the agreed box at the bottom of this page acknowledging you have read the Tournament Guidelines.

ACS LEAGUE INFORMATION

League Name: _____ League #: _____ League Operator: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Division Name: _____ Phone: _____
 (if different than league name): _____

SINGLES DIVISIONS (Choose One/Division)	Start Date	CSR Cap	FARGO Cap	Race	Early Bird by 1/31	Early Bird Processing Fees: Check or MO	Regular Entry by 3/30	Regular Entry Processing Fees: Check or MO
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9-Ball Mixed (Choose Only One)

<input type="checkbox"/> Rec	May 9 (Sat) 9am	<1600	<435	4	\$115.00	\$4.00	\$145.00	\$5.00
<input type="checkbox"/> Standard	May 9 (Sat) 9am	1601-1700	436-510	5	\$115.00	\$4.00	\$145.00	\$5.00
<input type="checkbox"/> Open	May 9 (Sat) 9am	1701-1800	511-585	7	\$115.00	\$4.00	\$145.00	\$5.00
<input type="checkbox"/> Advanced	May 9 (Sat) 9am	1801-1900	586-660	7	\$145.00	\$5.00	\$180.00	\$6.00
<input type="checkbox"/> Master	May 9 (Sat) 9am	1901-1975	661-720	9	\$145.00	\$5.00	\$180.00	\$6.00

9-Ball Womens (Choose Only One)

<input type="checkbox"/> Rec	May 9 (Sat) 9am	<1500	<360	3	\$115.00	\$4.00	\$145.00	\$5.00
<input type="checkbox"/> Standard	May 9 (Sat) 9am	1501-1600	361-435	4	\$115.00	\$4.00	\$145.00	\$5.00
<input type="checkbox"/> Open	May 9 (Sat) 9am	1601-1700	436-510	6	\$115.00	\$4.00	\$145.00	\$5.00
<input type="checkbox"/> Advanced	May 9 (Sat) 9am	1701-1800	511-585	6	\$145.00	\$5.00	\$180.00	\$6.00
<input type="checkbox"/> Master	May 9 (Sat) 9am	1801-1875	586-640	7	\$145.00	\$5.00	\$180.00	\$6.00

8-Ball Mixed (Choose Only One)

<input type="checkbox"/> Rec	May 11 (Mon) 9am	<1600	<435	3	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Standard	May 11 (Mon) 9am	1601-1700	436-510	4	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Open	May 11 (Mon) 9am	1701-1800	511-585	5	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Advanced	May 11 (Mon) 9am	1801-1900	586-660	6	\$200.00	\$6.00	\$250.00	\$8.00
<input type="checkbox"/> Master	May 11 (Mon) 9am	1901-1975	661-720	7	\$200.00	\$6.00	\$250.00	\$8.00
<input type="checkbox"/> Seniors 55+ Rec	May 11 (Mon) 9am	<1600	<435	3	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Seniors 55+ Standard	May 11 (Mon) 9am	1601-1700	436-510	4	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Seniors 55+ Open	May 11 (Mon) 9am	1701-1800	511-585	5	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Super Seniors 65+ Rec	May 11 (Mon) 9am	<1600	<435	3	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Super Seniors 65+ Standard	May 11 (Mon) 9am	1601-1700	436-510	4	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Super Seniors 65+ Open	May 11 (Mon) 9am	1701-1800	511-585	5	\$160.00	\$5.00	\$200.00	\$6.00

8-Ball Women (Choose Only One)

<input type="checkbox"/> Rec	May 11 (Mon) 9am	<1500	<360	2	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Standard	May 11 (Mon) 9am	1501-1600	361-435	3	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Open	May 11 (Mon) 9am	1601-1700	436-510	4	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Advanced	May 11 (Mon) 9am	1701-1800	511-585	5	\$200.00	\$6.00	\$250.00	\$8.00
<input type="checkbox"/> Master	May 11 (Mon) 9am	1801-1875	586-640	6	\$200.00	\$6.00	\$250.00	\$8.00
<input type="checkbox"/> Seniors 50+ Rec	May 11 (Mon) 9am	<1500	<360	2	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Seniors 50+ Standard	May 11 (Mon) 9am	1501-1600	361-435	3	\$160.00	\$5.00	\$200.00	\$6.00
<input type="checkbox"/> Seniors 50+ Open	May 11 (Mon) 9am	1601-1700	436-510	4	\$160.00	\$5.00	\$200.00	\$6.00

ALL ENTRY FEES ABOVE INCLUDE \$35/PLAYER GREEN FEE AND \$20/PLAYER ADMIN FEE

HOTEL CONF#

PLEASE ADD A NON-HOST HOTEL STAY FEE OF \$50 IF YOU ARE NOT STAYING AT THE WESTGATE—OR ENTER WG CONF HERE >>>>

PLAYER NAME: _____ DOB: _____ CSR Rating: _____
 Email: _____ (mm/dd/yyyy) Fargo Rating: _____
 Address: _____
 City: _____ State: _____ Zip: _____

PLEASE ENTER YOUR ESTABLISHED CSR/FARGO RATINGS ABOVE
 Players will have a point cushion as follows from sign up to event date—15pt CSR/10pt Fargo.
 If rating moves up past the cushion into the next division, player must move up to respective division.

League Name: _____ League #: _____ **PLAYER NAME:** _____

Payment (Check One)	
<input type="checkbox"/> Check or MO	Check or MO?....Call office for details #469.999.0390
<input type="checkbox"/> Credit Card	
Entry Fees : \$ _____	Credit Card #: _____
**Processing Fee for Check or MO only: \$ _____	Exp Date: _____ CVV: _____
NON-HOST HOTEL STAY FEE: \$ _____	Cardholders Name: _____
Late Fee: \$ _____	Cardholders Phone: _____
Amount Due: \$ _____	
<u>**ONLINE SIGN UP ONLY--DO NOT MAIL ENTRIES**</u>	
<u>**50% OFF PROCESSING FEES FOR COMPUSPORT ENTRIES**</u>	
SIGN UP ONLINE OR THROUGH THE APP. COMPUSPORT.US YOU MAY EMAIL OR FAX THIS ENTRY FORM TO: jybarra@americancuesports.org Fax 469.999.0038	
<u>LATE FEES AND REFUNDS</u>	
Late Fee of \$25 March 30 through April 10, 2026.	
NO ONSITE SIGN UPS Refund Requests must be in writing and in the ACS office by 04/10/2026. All refunds will be charged a \$10.00 processing fee. All refunds will be mailed after the event has concluded.	
<input type="checkbox"/> I, as a League Operator/Captain/Player have read and agree to abide by the rules, dress code and regulations set-forth in the 2026 ACS National Championship Guidelines published online and enforced by the American CueSports Alliance. I attest that the player(s)/team listed above meet the criteria of the guidelines of this event.	
NAME: _____	<input type="checkbox"/> Captain/Player <input type="checkbox"/> League Operator
DATE: _____	