



2011 BCAPL Southwest Regional Championships

September 1, 2011 SCOTCH DOUBLES ENTRY FORM (32 Team Max Field)



NOTE: Postmark, fax or submit online entries by August 15, 2011 and pay the Standard Entry Fee! Registration Fee is included.

LATE ENTRIES: Late fees take effect August 16, 2011. No personal checks accepted after August 15th.

All Scotch Doubles entries postmarked, faxed or submitted online (via CTS) after August 15th must include the \$10 per team late fee.

***Postmarked and faxed entry deadline is August 20th, online registration via www.ctsondemand.com deadline is August 29th.**

If you register online at www.ctsondemand.com you do not need to complete and mail or fax this form!

League Name _____
League # _____
Male League Member ID# _____
Team Name Qualified On _____
Female League Member ID# _____
Team Name Qualified On _____

Division	Standard Entry Fee	Late Fee
(Check Only One)	deadline 08/15/11	*08/16/11 - 08/29/11
<input type="checkbox"/> SWR Scotch Doubles (*\$500 Added) (Incl. \$5 reg. fee) Starts Thursday, September 1st at 7 pm (one night event)	\$30	\$40

ELIGIBILITY: The Southwest Regional Championships Scotch Doubles is open to BCAPL & USAPL League Players who have either 4 weeks of sanctioned play after June 1, 2011 or been eligible to play in the 2011 BCAPL or USAPL National Championships (8 weeks of play within one session & division in a sanctioned BCAPL or USAPL league between June 1, 2010 to May 31, 2011). One non-league CSI Player Member will be allowed to play on the two person scotch team.

However the non-league Player Member's membership must be current and will be required to play in the Scotch event at the Advanced / Master level and must play with a BCAPL or USAPL Open level league player. Non-League Player members are not allowed to play with an Advanced or Master BCAPL or USAPL League Member.

FIELD SIZE and ADDED MONEY: Limited to 32 teams.

*The \$500 added based on a full field.

FORMAT: Single Elimination. Alternate Break / Rack your own. Each scotch team can have one Advanced or Master Player and at least one BCAPL or USAPL eligible league player. The race is to 3 if both teams are either all Open level players or each has an Advanced or Master level team member. In matches where one team has an Advanced or Master level player and their opponents are two Open level players, the race is 4-3 with the team having the Advanced or Master player needing an additional game.

PLEASE NOTE: Information must be filled out completely. Type or Print neatly. Entries will be returned if illegible or not complete. Players may only be listed on one team. CSI will assign duplicates to a team. **IMPORTANT:** For entries postmarked after August 15, 2011, only accept Traveler's Checks, Certified Checks, Money Orders or Credit Cards will be accepted. NO EXCEPTIONS! **REFUND REQUEST:** Must be in writing and received at the CSI office by August 26, 2011. All refunds will be charged a \$10 handling fee and processed after September 15, 2011. Late fees are not refundable.

NOTE: Players will be rated according to their CSI (BCAPL) national rating. Any BCAPL or USAPL players who do not have a CSI national rating will be individually researched and assigned a rating based on known ability. For questions regarding your or a teammate's rating contact the CSI office at 702-719-7665 or email bill@playsipool.com

MALE	Please Print
Player's Name (First, MI, Last) _____	
Mailing Address _____	
City _____	State/PR _____ Zip/Postal Code _____ Country _____
Email Address _____	
<input type="checkbox"/> Check this box if you wish to Receive Event Text Notifications to your CELL phone:	Cell _____ Daytime Phone _____ Date of Birth ____/____/____

FEMALE	Please Print
Player's Name (First, MI, Last) _____	
Mailing Address _____	
City _____	State/PR _____ Zip/Postal Code _____ Country _____
Email Address _____	
<input type="checkbox"/> Check this box if you wish to Receive Event Text Notifications to your CELL phone:	Cell _____ Daytime Phone _____ Date of Birth ____/____/____

PAYMENT METHOD (check one): Remember! Postmark, fax or submit online your entry by Monday, August 15, 2011 to avoid the \$10 late fee.

If Mailing with a Check or Money Order Make Out to: CueSports International. **Mail to:** CSI, 2041 Pabco Road, Henderson, Nevada 89011. **If Faxing Your Entry Using Visa or MC, fax to:** (702) 719-7667.

<input type="radio"/> Check / Money Order	Exact Name on Card _____	Card Number _____	Exp. Date: ____/____/____
<input type="radio"/> VISA	Cardholder Signature _____	Billing Zip Code _____	
<input type="radio"/> MasterCard	Cardholder Email _____	Total Amount Charged _____	

I have read and agree to abide by the following and all rules and regulations for this tournament entry and all other regulations implemented by CueSports International (CSI). CSI has the right to determine a player's eligibility and playing divisions or to refuse entry. Event completion times are approximate. CSI may refuse entry if fields are full and field sizes are subject to change. CSI has the right to change any / all schedules and payouts based on, but not limited to inclement weather, acts of God, or terrorism. CSI, and all event 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 accrued by me, my heirs, or personal representatives either caused or alleged to be caused during or surrounding this event. Disqualification from any CSI event for unsportsmanlike conduct shall result in forfeiture of any prize money or award won by that player or team with possible suspension from all CSI produced events. CSI may use my photograph, image, likeness, or name for information, reporting or promotional purposes via print, video and other media.

Player Signature _____ **Date:** _____
(Player's signature is on behalf of both players for this Scotch Doubles team)