



# 2011 BCAPL Southwest Regional Championships

## September 1-5, 2011 (4 Player) TEAM ENTRY FORM



**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 Team entries postmarked, faxed or submitted online (via CTS) after August 15th must include the \$25 per team late fee.

**\*Postmarked and faxed entry deadline is August 20th, online registration via [www.ctsondemand.com](http://www.ctsondemand.com) deadline is August 29th.**

**TEAM ENTRIES CAN BE SUBMITTED DIRECTLY BY TEAM CAPTAIN. If you register online at [www.ctsondemand.com](http://www.ctsondemand.com) you do not need to complete and mail or fax this form!**

Team Divisions (Check Only One)	Standard Entry Fee deadline 08/15/11	Late Fee *08/16/11 - 08/29/11
<input type="checkbox"/> <b>Men's / Mixed Team</b> (incl. \$25 reg. fee) Starts Saturday 09/03/11 at 4 pm (\$1500 ADDED BASED ON 32 TEAMS)	<b>\$140</b>	<b>\$165</b>
<input type="checkbox"/> <b>Women's Team</b> (incl. \$25 reg. fee) Starts Saturday 09/03/11 at 7 pm (\$750 ADDED BASED ON 16 TEAMS)	<b>\$120</b>	<b>\$145</b>

**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 email [bill@playscipool.com](mailto:bill@playscipool.com)

League Name _____	League # _____
League Operator _____	
League Address _____	
City _____	State/Pr. _____ Zip _____
Country: _____	Phone _____

**TEAM NAME**  
(Name you want your team to be called at the tournament. Does not have to be your league team name)

1. Captain: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Pr. \_\_\_\_\_ Zip \_\_\_\_\_  
Player ID \_\_\_\_\_ Phone: \_\_\_\_\_  
 Check this box if you wish to Receive Event Text Notifications to your cell phone: Cell: \_\_\_\_\_

Team Name You Qualified On: \_\_\_\_\_  
Email \_\_\_\_\_

2. Player: Address _____ City _____ State/Pr. _____ Zip _____ Player ID _____ Phone _____ Team Name You Qualified On: _____ Email _____
--

3. Player: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Pr. \_\_\_\_\_ Zip \_\_\_\_\_  
Player ID \_\_\_\_\_ Phone \_\_\_\_\_  
Team Name You Qualified On: \_\_\_\_\_  
Email \_\_\_\_\_

4 Player: Address _____ City _____ State/Pr. _____ Zip _____ Player ID _____ Phone _____ Team Name You Qualified On: _____ Email _____
---

**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.

**GENERAL ELIGIBILITY:** All players must have either 4 weeks of sanctioned BCAPL or USAPL league 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). Player ratings will be according to their national CSI (BCAPL / USAPL) rating and / or determined by the CSI office. All players must meet the general eligibility requirements to be listed on a team roster.  
**TEAM MAKEUP:** Both the Men's Mixed and Women's Teams are 4 player teams with up to 6 maximum players on the team roster. **The RACES are based on the total points of the 4 players listed in the starting lineup per match.** Each team may have a mix of open, advanced & master level players, but may only have at most (2) two master level players on the team roster. Open level players must come from the same league. Advanced & master players must be from the same state as the team.  
**PLAYER RATING POINTS and RACES:** The minimum team race is 8 and maximum race is 12. (i.e. team A fields 2 open, an advanced and a master player, they would need to win 11 games to win the match and Team B fields 2 open and 2 master players, they must then go to 12 games to win the match).

OPEN LEVEL PLAYER = 2 points  
ADVANCED LEVEL PLAYER = 3 points  
MASTER LEVEL PLAYER = 4 points

> Teams race to (8-12) based on points of the 4 combined players for their team in the first round lineup

**SUBS:** Teams may sub players after the first round. The sub must be of the same or lower level rating as the person being replaced. The team race number remains the same as determined by the initial 4 player team lineup for the match.

5 Player: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Pr. \_\_\_\_\_ Zip \_\_\_\_\_  
Player ID \_\_\_\_\_ Phone \_\_\_\_\_  
Team Name You Qualified On: \_\_\_\_\_  
Email \_\_\_\_\_

6 Player: Address _____ City _____ State/Pr. _____ Zip _____ Player ID _____ Phone _____ Team Name You Qualified On: _____ Email _____
---

**PAYMENT METHOD (check one): Remember! Postmark, fax or submit online your entry by Monday, August 15, 2011 to avoid the \$25 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.

**Check / Money Order** Exact Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VISA** Cardholder Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**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.

**Team Captain Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Team Captain is signing for all members of the team)