



ACME 2021 ACS Midwest 8-Ball Championships - Friday-Sunday, January 22-24 Team Entry Application

NOTE: All events are pre-registered. Must postmark your entry (or enter online) by no later than Wednesday, December 23, 2020 ! Most recent valid stats must accompany this completed entry form.

League Name _____	League # _____
League Operator _____	
Address _____	
City _____	St./Pr _____ Zip _____
Country _____	Contact Phone #: _____
Division Name (if diff. than league name) _____	
[See reverse side for all entry details and information.]	

<u>ENTRY FEES:</u>	<u>ACS LEAGUE MEMBERS</u>
Postmark by: _____	12/23/20
<input type="checkbox"/> Men's Standard Teams (4-player)	\$120
<input type="checkbox"/> Men's Open Teams (4-player)	\$120
<input type="checkbox"/> Men's Advanced Teams (4-player)	\$240
<input type="checkbox"/> Women's Standard Teams (4-player)	\$120
<input type="checkbox"/> Women's Open Teams (4-player)	\$120
<input type="checkbox"/> Women's Advanced Teams (4-player)	\$240
[TABLES OPEN! \$40 greens fee deducted from each team entry]	

Team Name _____

1). Captain: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Phone Number: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2020 <input type="checkbox"/> Fall 2020/21

4). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2020 <input type="checkbox"/> Fall 2020/21

2). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2020 <input type="checkbox"/> Fall 2020/21

5). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2020 <input type="checkbox"/> Fall 2020/21

3). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2020 <input type="checkbox"/> Fall 2020/21

6). Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Team played on during league session _____
Session played in: <input type="checkbox"/> Summer 2020 <input type="checkbox"/> Fall 2020/21

<p>MAIL THIS FORM TO: AMERICAN CUESPORTS 101 S. Military Ave., Ste. P - #131 Green Bay, WI 54303 OR FAX TO: 920-662-1706</p> <p>Refund requests must be in writing and in the ACS office by January 15, 2021. All refunds will be charged a \$10.00 handling fee. All refunds will be mailed after the event. NO EXCEPTIONS!</p> <p style="text-align: center;">Questions: Call 920-662-1705 [Entry details on back of this entry form]</p>
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<p>PAYMENT (CHECK ONE)</p> <p><input type="checkbox"/> Check or Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> PAYPAL</p> <p>Credit Card #: _____ - _____ - _____</p> <p>Expiration Date: _____ / _____</p> <p>Total Amount To Be Charged For This Entry \$ _____</p> <p>+ 5% ACS processing fee for credit card entries</p> <p>Cardholders Name (as it appears on the card) _____</p> <p>CARDHOLDER'S SIGNATURE: _____</p> <p><u>We recommend entry online at www.americancuesports.org.</u></p>

<p>On behalf of my team, I have read and agree to abide by the rules and regulations set-forth in the 2021 ACS Midwest 8-Ball Championship Guidelines published on the back of this entry form and enforced by the American CueSports Alliance. Tournament guidelines, flyers and entry forms may also be downloaded at www.americancuesports.org.</p> <p>Team Captain Signature: _____ Date: _____</p>
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