



2018 Iowa ACS 8-Ball Championships

Friday evening - Sunday, October 26-28, 2018

Team Entry Application

NOTE: All events are pre-registered. Submit your entry to your League Operator no later than Monday, October 8, 2018! Most recent valid stats must accompany this completed entry form if not in Compusport.

League Name _____ League # _____
 League Operator _____
 Address _____
 City _____ St. _____ Zip _____
 Contact Phone #: _____
 Division Name (if diff. than league name) _____

Team Name _____

1). Captain: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ DOB: _____
 Team played on during league _____
 Phone: _____ Player Status _____
 Session played in: Fall/Winter 2017 Summer 2018

2). Name: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ DOB: _____
 Team played on during league _____
 Phone: _____ Player Status _____
 Session played in: Fall/Winter 2017 Summer 2018

3). Name: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ DOB: _____
 Team played on during league _____
 Phone: _____ Player Status _____
 Session played in: Fall/Winter 2017 Summer 2018

4). Name: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ DOB: _____
 Team played on during league _____
 Phone: _____ Player Status _____
 Session played in: Fall/Winter 2017 Summer 2018

Please put additional team members on reverse side of this form.

On behalf of my team, I have read and agree to abide by the rules and regulations set-forth in the 2018 Iowa ACS 8-Ball Championship Guidelines published on the website and enforced by the Iowa ACS. Tournament guidelines, flyers and entry forms may also be downloaded at www.iowaacs.com.

Team Captain Signature: _____ Date: _____

ENTRY FEES: Postmark by: **10/8/2018**

Men's Handicapped Team (4-player) \$200
 Women's Handicapped Team (4-player) \$200

Out of State League Fee \$20
 (Entries include \$40 Green Fees and \$20 Admin.)

SUBMIT YOUR FORM TO YOUR LEAGUE OPERATOR by Oct 8, 2018 for input into MPA system. List of LO's is on iowaacs.com.

LEAGUE OPERATORS TO MAIL THIS FORM BY OCT 12 TO:
 Iowa ACS
 3855 Raleigh Avenue
 Bettendorf, IA 52722

Refund requests must be in writing and in the ACS office by October 8, 2018. All refunds will be charged a \$10.00 handling fee. All refunds will be mailed after the event. **NO EXCEPTIONS!**
Questions: Call 563-508-0611
 [Entry details on the website]

PAYMENT (CHECK ONE) (Payable to IA ACS)

Check or Money Order VISA MC DISC

Credit Card #: _____ - _____ - _____ - _____
 Expiration Date: ____/____/____ CCS _____
 Total Amount To Be Charged For This Entry \$ _____
 + 5% ACS processing fee for credit card entries
 Cardholders Name (as it appears on the card) _____
 Email ads for receipt: _____
CARDHOLDER'S SIGNATURE: _____

****League Operator Signature Required****