



# 2020 IOWA ACS STATE CHAMPIONSHIPS

## Wednesday - Sunday, October 21-25, 2020

### Team 8-Ball & 9-Ball Entry

**NOTE: Submit your entry and stats no later than Monday, Sept. 21, 2020 to your League Operator**  
**League Operator must send all entries and fees by Sept. 25, 2020 to Iowa ACS, 3855 Raleigh Avenue, Bettendorf IA 52722**

League Name \_\_\_\_\_  
 League Operator \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
**League Operator Signature (required):**  
 \_\_\_\_\_

**Men's 8-Ball Team (4-perspm) \$200**  
 **Women's 8-Ball Team (4-person) \$200**  
 **Out-of-State League Fee (8-ball only) \$ 20**  
 **Men's 9-Ball Team (3-person) \$ 60**  
 **Women's 9-Ball Team (3-person) \$ 60**  
 (Entries include Greens Fee and Admin Fee)

**Team Name** \_\_\_\_\_

\_\_\_\_\_ **Additional team members on reverse side of form**

1). Captain \_\_\_\_\_ M / F  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Phone Carrier \_\_\_\_\_ ACS Status \_\_\_\_\_  
 Email \_\_\_\_\_  
 League Qualified From \_\_\_\_\_  
 Session & Team Name \_\_\_\_\_

5). Name \_\_\_\_\_ M / F  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Phone Carrier \_\_\_\_\_ ACS Status \_\_\_\_\_  
 Email \_\_\_\_\_  
 League Qualified From \_\_\_\_\_  
 Session & Team Name \_\_\_\_\_

2). Name \_\_\_\_\_ M / F  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Phone Carrier \_\_\_\_\_ ACS Status \_\_\_\_\_  
 Email \_\_\_\_\_  
 League Qualified From \_\_\_\_\_  
 Session & Team Name \_\_\_\_\_

**Hotel Reservations for all players (indicate if "None"):**

Player	Hotel Name	In players' name	No. of nights
1.	_____	y / n	_____
2.	_____	y / n	_____
3.	_____	y / n	_____
4.	_____	y / n	_____
5.	_____	y / n	_____

3). Name \_\_\_\_\_ M / F  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Phone Carrier \_\_\_\_\_ ACS Status \_\_\_\_\_  
 Email \_\_\_\_\_  
 League Qualified From \_\_\_\_\_  
 Session & Team Name \_\_\_\_\_

**PAYMENT (CHECK ONE) -- payable to Iowa ACS**

Check or Money Order       VISA     MC     DISC

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC \_\_\_\_\_

Email for receipt \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Total Amount To Be Charged For This Entry :  
 \$ \_\_\_\_\_ (+ 5% fee for credit card entry)

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

4). Name \_\_\_\_\_ M / F  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Phone Carrier \_\_\_\_\_ ACS Status \_\_\_\_\_  
 Email \_\_\_\_\_  
 League Qualified From \_\_\_\_\_  
 Session & Team Name \_\_\_\_\_

By signing below, on behalf of my team, I have read and agree to abide by the rules and regulations set forth in the 2020 Iowa State ACS State Tournament Guidelines published on the website and enforced by the Iowa ACS Tournament Committee. Tournament guidelines, flyers, and entry forms may be downloaded at [www.iowaacs.com](http://www.iowaacs.com). For additional information and/or questions, call the ACS Secretary at 309-314-0956.

Team Captain Signature: \_\_\_\_\_ Date: \_\_\_\_\_