



2022 IOWA ACS STATE CHAMPIONSHIPS

Wednesday - Sunday, October 19-23, 2022

Team 8-Ball & 9-Ball Entry

NOTE: Submit your entry and stats to your League Operator no later than Monday, **Sept. 12, 2022.**

League Operator must enter in MPA by Friday, Sept. 16, 2022 & send MPA entry numbers & check (payable to Iowa ACS)

League Name _____
 League Operator _____
 City _____ State _____
 Phone _____ Email _____
League Operator Signature (required):

Men's 8-Ball Team (4-person) \$220
 Women's 8-Ball Team (4-person) \$220
 Out-of-State League Fee (8-ball only) \$ 20
 Open 9-Ball Team (3-person) \$ 60
 (Above 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 _____ IA ACS Status _____
 Email _____
 League Qualified From _____
 Session & Team Name _____

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

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

6). Name _____ M / F
 Address _____
 City _____ State _____ Zip _____
 Phone No. _____
 Phone Carrier _____ IA ACS Status _____
 Email _____
 League Qualified From _____
 Session & Team Name _____

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

PAYMENT Check or M.O. (**payable to your League Operator**)
 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 _____ IA 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 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. For additional information and/or questions, call the ACS Secretary at 309-314-0956.

Team Captain Signature: _____ Date: _____