



2024 IOWA ACS CHAMPIONSHIPS
Wednesday - Sunday, October 16-20, 2024
Team 8-Ball & 9-Ball Entry

NOTE: Submit your entry and stats to your League Operator no later than Monday, **Sept. 2, 2024**

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

- ☐ **Men's 8-Ball Team (4-person)** **\$240**
☐ **Women's 8-Ball Team (4-person)** **\$240**
☐ **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. _____
Email _____
League Qualified From _____
Team Name _____
Session _____ Player Rating _____

5). Name _____ M / F
Address _____
City _____ State _____ Zip _____
Phone No. _____
Email _____
League Qualified From _____
Team Name _____
Session _____ Player Rating _____

2). Name _____ M / F
Address _____
City _____ State _____ Zip _____
Phone No. _____
Email _____
League Qualified From _____
Team Name _____
Session _____ Player Rating _____

6). Name _____ M / F
Address _____
City _____ State _____ Zip _____
Phone No. _____
Email _____
League Qualified From _____
Team Name _____
Session _____ Player Rating _____

3). Name _____ M / F
Address _____
City _____ State _____ Zip _____
Phone No. _____
Email _____
League Qualified From _____
Team Name _____
Session _____ Player Rating _____

7). Name _____ M / F
Address _____
City _____ State _____ Zip _____
Phone No. _____
Email _____
League Qualified From _____
Team Name _____
Session _____ Player Rating _____

4). Name _____ M / F
Address _____
City _____ State _____ Zip _____
Phone No. _____
Email _____
League Qualified From _____
Team Name _____
Session _____ Player Rating _____

Total Payment _____ **Check** _____ **or Money Order** _____
(payable to your League Operator)

League Operator must enter in CompuSport and
And end all entry forms & check to Iowa ACS Treasurer
3855 Raleigh Avenue
Bettendorf IA 52722.

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 ACS 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: _____