

2024 BCA POOL LEAGUE WYOMING REGIONAL 10-BALL CHAMPIONSHIPS ENTRY FORM

PERSON SUBMITTING FORM (Print or Type)

First Name: _____ MI: _____ Last Name: _____
 Email: _____ Phone: _____

NOTE: This event is owned and operated by the Amusement & Music Operators of Wyoming (AMOW), an affiliate association to the BCA Pool League. In the past, this event was restricted to AMOW league members only. However, this event is now open to all BCA Pool League members who have played at least four (4) weeks in a single division session between Jan 1, 2024, and the registration deadline. The four (4) weeks must be played with at least seven (7) calendar days between match dates. Also, please note that all participants must be 21-years of age for this event.

| INSTRUCTIONS | SINGLES | START ¹ | SPLIT (approx) | RACE | EARLY ENTRY (by Sep 25) | LATE ENTRY (Sep 26-Oct 23) | ON-SITE ENTRY |
|--|---|---|-------------------|-------------------|----------------------------|-------------------------------|------------------|
| Step 1 Read the Player Guide to ensure you understand the structure and eligibility requirements of each division. | <input type="checkbox"/> Elite 10-Ball Singles (720 max rating, 575 min rating) | | | | | | |
| | Platinum Division | 11/7 (Thu) 12pm | All | R7 Med | \$140 | \$160 | N/A |
| Step 2 Place an "X" in the box of every division you wish to enter. You do not need to submit multiple entry forms. | <input type="checkbox"/> 10-Ball Singles (574 max rating) | | | | | | |
| | Gold Division | 11/7 (Thu) 12pm | Upper 50% | R6 Med | \$80 | \$100 | N/A |
| Step 3 Complete the payment section and sign the player agreement. | <input type="checkbox"/> 10-Ball Singles (574 max rating) | | | | | | |
| | Silver Division | 11/7 (Thu) 12pm | Lower 50% | R5 Med | \$80 | \$100 | N/A |
| Step 4 If registering for team division(s), complete the applicable team roster(s) on page 2 and submit it with your entry form. | TEAMS | START ¹ | SPLIT (approx) | RACE ² | EARLY ENTRY (by Sep 25) | LATE ENTRY (Sep 26-Oct 23) | ON-SITE ENTRY |
| | <input type="checkbox"/> Elite 10-Ball Teams (4-player / 2,600 max rating, 2,000 min rating) | | | | | | |
| Step 5 Reserve your room. | <input type="checkbox"/> 10-Ball Teams (4-player / 2,200 max rating) | | | | | | |
| | Platinum Division ^{3,4} | 11/8 (Fri) 6pm | First 16 | 16/R9 | \$800 | \$840 | N/A |
| 1. Start times shown are the earliest possible start times. Actual start times may be later. Check the tournament brackets once posted. Singles finals calcutta for all divisions will be Thursday 11/8 at 8am. Team divisions' finals calcutta will be Saturday 11/9 at approx. 7pm. 2. The first number is the total number of games per match that will be played between opposing teams in Stage 1 or the Round Robin possibility for Elite Platinum Teams. The second number is the race that will be played in the Stage 2 final elimination bracket or the Round Robin possibility for Elite Platinum Teams. Races indicated as R"x" will be handicapped based on the specific FargoRate Medium race chart in all divisions except Elite Platinum Teams. Please review the Player Guide for more information. 3. If the total number of Elite Platinum 10-Ball Teams does not exceed 11, all teams will play CSI Group Play. If the total number of teams is 12 -16, they will play a round robin format. 4. Total number of teams will be capped at the first eligible 16. | | | | | | | |
| PAYMENT METHOD (US Currency Only) | | | | | | | |
| <input type="checkbox"/> Check / Money Order (postal mail only) <input type="checkbox"/> Credit Card (email, fax, or postal mail) – Total Charge: \$ _____ | | | | | | | |
| Exact Name on Card: _____ Card #: _____ Exp. Date: _____ Card Billing Zip: _____ Phone: _____ Cardholder Signature: _____ Email (for receipt): _____ | | | | | | | |
| HOW TO REGISTER | IMPORTANT DATES | | | | | | |
| Online: www.playcspool.com/2024-bcapl-wyoming-10ball-championships Email: leslie@wyoamusement.com Postal Mail: AMOW WyoAmusement 882 Lincoln Drive, Suite E Sheridan, WY 82801 | Sep 25: | Last day for early entry discount | | | | | |
| | Oct 8: | Last day for hotel discount | | | | | |
| | Oct 9: | Last day for mailed entries & personal checks | | | | | |
| | Oct 23: | Last day for refund & change requests | | | | | |
| | Oct 23: | Last day to register | | | | | |
| | Nov 7: | Event begins | | | | | |
| PLAYER AGREEMENT | | | | | | | |
| I hereby acknowledge that I have read and completely understand the Player Guide and/or all tournament rules and regulations. I agree to abide by all rules & regulations implemented by AMOW and CueSports International (CSI). AMOW and CSI reserve the following rights and responsibilities: determine a player's eligibility, refuse entry to anyone for any reason, change field sizes, adjust ratings, display names and ratings online, change schedules & payouts based on, but not limited to, field sizes, inclement weather, acts of God, war, or terrorism. AMOW, CSI and all representatives, agents, sponsors, and affiliates are released and to be held harmless of and from any injury, illness, losses, damages, liability, or expenses of any kind incurred by me, my heirs, or personal representatives either caused or alleged to be caused during or surrounding this event. Maximum liability, if any, is limited to reimbursement of the entry fee paid to that division. Disqualification from any CSI event shall result in forfeiture of any prize money or award won by that player or team, and possible suspension from future AMOW and/or CSI produced events. AMOW and CSI may add my email address to its email list. AMOW and CSI may also use my photograph, image, likeness, or name for information, reporting, or promotional purposes via print, video, and other media without limitation. | | | | | | | |
| Player/Captain Signature: _____ Date: _____ (Typed or signed name here indicates signature on behalf of all players) | | | | | | | |

Ramada Plaza
 Phone:
 307-218-2076 &
 mention group
 code: **110524AMO**

Days Inn
 Phone:
 307-461-9224

Candlewood Suites
 Phone:
 307-675-2100

SINGLES REGISTRATION (Print or Type)

Player 1

First Name: _____ MI: _____ Last Name: _____

Email: _____ Mailing Address: _____

City: _____ State / Prov. _____ Postal Code: _____

Phone: _____ Date of Birth: _____ Fargo Rating: _____

League Name: _____ League #: _____

Member ID: _____ Team Name Qualified on: _____ Weeks Played: _____

Player 2

First Name: _____ MI: _____ Last Name: _____

Email: _____ Mailing Address: _____

City: _____ State / Prov. _____ Postal Code: _____

Phone: _____ Date of Birth: _____ Fargo Rating: _____

League Name: _____ League #: _____

Member ID: _____ Team Name Qualified on: _____ Weeks Played: _____

TEAM REGISTRATION (print or type)

League Name: _____ No. _____ League Operator: _____

Division Name: _____ Division Number: _____

Team Name: _____

| Team | Name (First, Last) | Member ID (last 8 digits) | Fargo Rating | Weeks Played | Email Address (required) | Phone |
|--|--------------------|------------------------------|-----------------|-----------------|-----------------------------|-------|
| Core Roster (used to determine team rating) | | | | | | |
| Core Player 1 (Capt. Y/N) | | | | | | |
| Core Player 2 | | | | | | |
| Core Player 3 | | | | | | |
| Core Player 4 | | | | | | |

[\(find Member IDs, find Fargo Ratings\)](#)

Team Rating

Substitutes (a substitute must be rated the same or lower than the person being replaced)

| | | | | | | |
|--------------|--|--|--|--|--|--|
| Substitute 1 | | | | | | |
| Substitute 2 | | | | | | |