



2015 Iowa ACS 8-Ball Championships

Friday evening - Sunday, October 23-25

Team Entry Application

NOTE: All events are pre-registered. Must postmark your entry by no later than Thursday, October 1, 2015! Most recent valid stats must accompany this completed entry form.

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

ENTRY FEES: Postmark by: **10/1/15**

<input type="checkbox"/> Men's Standard Team (4-player)	\$160
<input type="checkbox"/> Women's Standard Team (4-player)	\$160
<input type="checkbox"/> Men's Open Team (4-player)	\$160
<input type="checkbox"/> Women's Open Team (4-player)	\$160
<input type="checkbox"/> Men's/Mixed Advanced Team (4-player)	\$260
<input type="checkbox"/> Women's Advanced Team (4-player)	\$260

(Entries include \$40 Green Fees and \$20 Admin.)

Team Name _____

1). Captain: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone Number: _____
 Team played on during league session _____
 Session played in: Summer 2015 Fall 2015

4). Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league session _____
 Session played in: Summer 2015 Fall 2015

2). Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league session _____
 Session played in: Summer 2015 Fall 2015

5). Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league session _____
 Session played in: Summer 2015 Fall 2015

3). Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league session _____
 Session played in: Summer 2015 Fall 2015

6). Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league session _____
 Session played in: Summer 2015 Fall 2015

MAIL THIS FORM TO: Iowa ACS
3855 Raleigh Avenue
Bettendorf, IA 52722

Refund requests must be in writing and in the ACS office by October 3, 2015. 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)

CARDHOLDER'S SIGNATURE: _____

On behalf of my team, I have read and agree to abide by the rules and regulations set-forth in the 2015 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: _____