



*~ 2009-10 Team Entry & Application Form ~
 ~ Make Payment by Cashier's Check or Money Order ~
 ~ to Sharky's Billiards ~*

Advance registration is required. Statistics and/or score sheets for league play must accompany this form to verify eligibility. All players are required to complete a Player Certification/Verification Form prior to play. Teams must be made up of players from the same league. See specific Tourney Guidelines for complete information.

Check one: MO-KAN ACS Assoc. Tournament
 Missouri 10 Point HCP Tournament

**Make cashier's check or money order out to
 "Sharky's Billiards" and mail to:
 4801 So. Limit Ave.
 Sedalia, MO 65301**

Questions? Call: (660) 826-5855 or 596-2721 or
 email: mrallee@iland.net -- www.sharkysbilliards.com

LEAGUE NAME: _____
 LEAGUE PLAYED IN: _____
 LEAGUE OPERATOR: _____
 LG. OPER. PHONE: _____
 LEAGUE HOMETOWN: _____

The three Original Core Players

1) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

2) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

3) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

4) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

5) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

6) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

7) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

8) Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Email: _____
 Team played on during league session: _____
 Session played in: ___ Summer ___ Fall ___ Winter ___ Spring

On behalf of my team, I have read and we agree to abide by the rules and regulations as set forth in the applicable Tournament Guidelines and enforced by the Tournament Director. Tournament guidelines, flyers, player certification, and entry forms may be downloaded at www.sharkysbilliards.com.

Team Captain Signature

Date