



Player Certification/Verification Form

Please return immediately with handicap statistics and entry fees to Sharky's Billiards, 4801 S. Limit, Sedalia, MO 65301

For play in the following tournament: Circle one.

All American ACS Tour -- MO-KAN ACS -- MO State 10 pt HCP

Name (PRINT LEGIBLY): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Team Cpt: _____ Sponsor: _____

League Operator: _____ League Oper. Ph#: _____

READ THIS - DO NOT JUST SIGN IT. EVERY player must sign to play: I hereby certify that I am eligible to compete in the Tournament I have circled above and checked below, as an amateur player and I meet the amateur guidelines as set forth by the ACS, BCA, WPA, and/or UPA. If I am a "Master" or an "Advanced" pool player, I understand I will "spot" games in both brackets. *If applicable in specified tournament guidelines for team play,* I do certify I have played on an 8-ball league team as specified to qualify and that I have played a minimum of four matches over a minimum of four weeks in one league session since 1 June this year. **I further understand that any misrepresentation by me will result in my immediate disqualification from the event and the forfeiture of any and all entry fees, registration fees, or monies otherwise earned.** By agreeing to participate in this event, I, the above named participant, agree to grant the Tournament Director the right to restrict, remove or disqualify any player for any reason related to safety, personal conduct, or rules of the host site and/or sponsors at its sole discretion. All players, parents, guardians, friends, and acquaintances must adhere to the rules and guidelines set-forth for Sharky's Billiards Tournament play and conduct, and agree to indemnify and hold harmless the host site, its officers, directors, representatives, or any affiliate organization or sponsor, i.e., the ACS/BCA, for any personal injury and/or death, and/or property damage, and/or any other liability arising out of, or in conjunction with, the participants while competing, attending, or while traveling to, around, and/or from tournament play. If you do not want to be bound by the above, do not sign up for the tournament.

Players Signature: _____ **Date:** _____

Check appropriate box or boxes at left - Fill in amount included w/entry at right.

All American ACS Singles: \$30 + \$5 (Adv. Reg.) +\$5 Adm.Fee/Day-Of Reg.

MO-KAN ACS Tms: \$100 + \$15 (Adv. Reg.) NO DAY-OF Reg. Permitted

MO St. 10pt HCP Team Trny.: \$120 + \$5 (Adv. Reg.) NO DAY-OF Reg.

Mail Cashier's Check or Money Orders made out to: Sharky's Billiards **TOTAL:** _____

**NOTE: PRE-REGISTERED TEAM EVENTS HAVE NO EXCEPTIONS! HANDICAP STATISTICS MUST BE RECEIVED TWO DAYS PRIOR TO THE DAY OF THE TOURNAMENT.*

THIS FORM MUST BE COMPLETELY FILLED OUT & SIGNED & DATED WITH STATS & ALL FEES PAID PRIOR TO PLAY.