2010 Columbus Team Challenge

Standard Entry fee Postmark by 09/24/2010 $125.00	LATE FEE if Postmarked 09/25 to 10/1/2010 $150.00

League Name _____ League# _____ League Operator_____ Address _____ City_____St/Pr_____Zip _____ Country_____ Daytime Phone _____	Make Cashier Checks & Money Orders to Bad Boys Billiard Productions 704 S St Rd 135, Suite D #138 Greenwood, IN 46143 (317) 440-1143 E-mail chris@badboysbp.com

Team Name _____

1.Captain _____ **Phone#** _____
Address _____
City_____ **St/Pr**_____ **Zip**_____
Team Played on During League Season_____
Player ID# _____ **circle one Summer Fall Winter Spring**

2. Player_____ **Phone#**_____
Address_____
City_____ **St/Pr** _____ **Zip** _____
Team Played on During League Season_____
Player ID# _____ **circle one Summer Fall Winter Spring**

3. Player_____ **Phone#**_____
Address_____
City _____ **St/Pr** _____ **Zip** _____
Team Played on During League Season _____
Player ID# _____ **circle one Summer Fall Winter Spring**

4. Player_____ **Phone#**_____
Address _____
City _____ **St/Pr**_____ **Zip** _____
Team Played on During League Season_____
Player ID# _____ **circle one Summer Fall Winter Spring**

5. Player_____ **Phone#**_____
Address_____
City _____ **St/Pr** _____ **Zip** _____
Team Played on During League Season_____
Player ID#_____ **circle one Summer Fall Winter Spring**

6. Player_____ **Phone#**_____
Address_____
City_____ **St/Pr** _____ **Zip** _____
Team Played on During League Season_____
Player ID# _____ **circle one Summer Fall Winter Spring**

7. Player_____ **Phone#**_____
Address_____
City_____ **St/Pr** _____ **Zip** _____
Team Played on During League Season_____
Player ID# _____ **circle one Summer Fall Winter Spring**

8. Player_____ **Phone#**_____
Address _____
City_____ **St/Pr** _____ **Zip** _____
Team Played on During League Season_____
Player ID# _____ **circle one Summer Fall Winter Spring**

**All refund request must be submitted in writing and be received in the Bad Boys Billiard Productions office no later then Sept 31, 2010. All refunds will be charged a $25.00 handling fee.

**By submitting this entry, I give my permission to Bad Boys Billiard Productions, Central Ohio BCA, BCAPL, CSI and OB Cues to use my photograph, image, likeness, and/or name for information, reporting and promotional purposes via print, video, internet and other media relating to this event.

***I am a current member of a sanctioned pool leagues. I have read and agree to abide by the rules and regulations implemented by the tournament director. Tournament director reserves the right to determine player's eligibility and playing division, or refuse entry to anyone. Tournament director may refuse entry if fields are full. Size of field is subject to change at the sole discretion of the Tournament committee. Being a weekend competition it is understood that matches could last late into the evening and begin early the following day. I understand that $25.00 from each entry will be applied to the registration, and I also understand that there will be a $25.00 fee for any returned checks. Any person making it into the 'Payout rounds' will be required to fill out all appropriate Tax Forms. By signing this form I am agreeing to all of these rules.

_____ _____

Team Caption Signature Date League Operators Signature Date

CENTRAL OHIO BCA

BADBOYS Billiard Productions