



BCA POOL LEAGUE 2010 OHIO VALLEY REGIONAL



Team Competition Entry Form

Event Dates: Thursday January 7-Sunday January 10, 2010

Note: Entries postmarked between November 1, 2009 and December 7, 2009 pay Standard Entry Fee! Late entries must be postmarked by Friday, December 18, 2009, and include the \$20 non-refundable late fee. NO EXCEPTIONS!

Men's/Mixed Teams	Standard Entry Fee	Late Fee
	Postmarked by 12/07/09	If Postmarked 12/08/09-12/18/09
<input type="checkbox"/> January 9-10, 2010	\$125	\$145

Women's Teams	Standard Entry Fee	Late Fee
	Postmarked by 12/07/09	If Postmarked 12/08/09-12/18/09
<input type="checkbox"/> January 9-10, 2010	\$100	\$120

PLEASE NOTE: Information must be filled out completely. Type or print neatly. Entries will be returned if illegible or not filled out completely. Each player may be listed on one team only. Duplicates will be assigned to a team by the BCA Pool League. IMPORTANT! For entries postmarked after December 7, 2009, only Travelers Checks, Money Orders or Credit Cards will be accepted. NO EXCEPTIONS!

League Name _____ League # _____
 League Operator _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Country _____ Daytime Phone _____

6. Name _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

TEAM NAME _____

1. Captain _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

7. Name _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

2. Name _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

8. Name _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

3. Name _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

Refund requests must be in WRITING and RECEIVED in the BCAPL office by December 7, 2009. All refunds will be charged a \$10.00 handling fee. All refunds will be processed after January 15, 2010. NO EXCEPTIONS!

**Mail Entry Form To: BCA Pool League
Ohio Valley Regional Entry
2041 Pabco Rd.
Henderson, NV 89011**

**Fax Form To: BCA Pool League
702-719-7667**
(If faxing, DO NOT mail as well, or your Card may be charged twice. Faxed Entry Form MUST include Credit Card information)

4. Name _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

Payment Method: *Remember! Postmark your entry by December 7, 2009 and avoid a \$20 late fee!*
 Check or Money Order ____ Do NOT fax - mail in only
 Visa or MasterCard ____
 Cardholder Name _____
 Card # _____ Exp Date _____
 Billing Zip Code _____ Cardholder Phone _____
 Cardholder Email Address _____
 Cardholder Signature _____
 Total amt to be charged for this entry. \$ _____

5. Name _____ Phone _____
 Address _____
 City _____ St./Pr. _____ Zip _____
 Team Played on during league season _____
 Player ID# _____ Circle One: Summer Fall Winter Spring

I am a current member of the BCA Pool League (BCAPL) and not a professional player by definition of the BCAPL. I have read and agree to abide by the rules and regulations implemented by the BCAPL. The BCAPL reserves the right to determine player's eligibility and playing division, or to refuse entry to anyone. Event completion times are approximate. The BCAPL may refuse entry if fields are full. Size of field is subject to change at the sole discretion of the BCAPL. Being a "weekend competition", it is understood that matches could begin late into the evening and early the following day. By signing this form, I give my permission for the BCA Pool League to use my photograph for reporting and promotional purposes.

Team Captain Signature

Date

League Operator Signature

Date

Keep a record of this entry for your files