



2018 8-Ball Southwest Challenge Entry Form and Room Order Form

PLEASE READ THIS BEFORE FILLING OUT THE ENTRY AND ROOM ORDER FORM

This form must be filled out completely and accurately and is due in the OCAPA League Office by February 16, 2018, along with all applicable fees. We will only reserve rooms for teams from whom we have received full payment. **Please be advised that each team is required to purchase one room for three nights at the Westgate.** The cost of this room is \$316. The team entry fee is \$150. There is a \$60/team green fee and a \$2/team fee for CompuSport. The total package price is \$528. If anyone wishes to reserve additional rooms/nights at the Westgate, an additional fee of \$91/Sun through Thurs night and \$113/Fri & Sat night will be required along with the required team room fee. Cancellations, late entries and player changes are subject to administrative fees.

TEAM CONTACT INFO	ROSTER (IN PLAY ORDER)
Name: _____	1 _____
Phone: _____	Name Skill Level Player #
Email: _____	2 _____
	Name Skill Level Player #
	3 _____
	Name Skill Level Player #

TEAM ROOM RESERVATION

Team rooms are reserved for arrival on 03/22 and departure on 03/25. If you would like to request additional nights, please provide your requested dates in the box below and include appropriate fees (see the bottom of this form).

Please indicate who will be staying in the TEAM ROOM. Please write first and last names as they appear on ID.

WHO IS STAYING IN THE <u>TEAM ROOM</u>?	REQUEST ADDITIONAL <u>TEAM ROOM</u> NIGHTS HERE:
Name: _____	Number Of ADDITIONAL NIGHTS _____
Name: _____	Please change our arrival date to _____
Name: _____	Please change our departure date to _____

ADDITIONAL ROOM RESERVATION

Fill out this portion to request an ADDITIONAL ROOM and include appropriate fees (see the bottom of this form):

Please indicate who will be staying in the ADDITIONAL ROOM. Please write first and last names as they appear on ID.

WHO IS STAYING IN THE <u>ADDITIONAL ROOM</u>?	<u>ADDITIONAL ROOM</u> NIGHT INFORMATION:
Name: _____	Total # of ADDITIONAL ROOM NIGHTS _____
Phone: _____	ADDITIONAL ROOM arrival date _____
Email: _____	ADDITIONAL ROOM departure date _____

We will do our best to accommodate you however there is no guarantee that we will be able to grant your request(s) for additional rooms/nights. Full payment must be received in order for additional requests to be considered. Please use the back of this form if you are requesting more than one additional room. Payments received for non-granted requests will be fully refunded.

Please indicate the fees you are submitting with this entry form – Entries and full payment due February 16, 2018

\$ _____ Green Fee \$60 (MANDATORY)	\$ _____ Team Room Fees \$316 (MANDATORY)
\$ _____ Tournament Entry \$150 (MANDATORY)	\$ _____ Additional Night/Additional Room Fees \$91/night Sun-Thurs; \$113/night Fri&Sat
\$ _____ CompuSport Fee \$2 (MANDATORY)	\$ _____ Total Fees Enclosed

Mail completed form along with all fees (cash, check or money order) to Orange County APA PO BOX 1493 Brea, CA 92822