

# 2002 Texas 12 Challenge Air-hockey Championships

## Player Registration Form

<b>Brought to you by</b> <b>Accrocco Air-hockey Promotions</b> 3606 Emerald Bay Circle, Katy, TX 77449-3890 832.545.0529      airhockey@accrocco.com	<b>Event Location</b> <b>Shooter's Billiards and Games</b> 6306 Richmond Avenue, Houston, TX 77057-5906 713.952.9628
<b>Event Schedule</b> <b>Open Doubles:</b> <b>Friday, Feb. 22, 7 PM - 11 PM</b>  <b>Open Singles:</b> <b>Saturday, Feb. 23, 11 AM - 10 PM</b> <b>Sunday, Feb. 24, 11 AM - 8 PM</b>  <b>Awards Ceremony:</b> <b>Sunday, Feb. 24, 9 PM - 12 AM</b>	<b>Registration Cost</b> <b>\$25 Early Bird</b> Fee must be received or postmarked (if mailing) by no later than Feb. 14.  <b>\$40 Regular</b> Fee must be received by no later than Saturday, Feb. 23 at 11 a.m. If mailing your fee, it must be received no later than Feb. 21.

### Registration Information

1. Registration ends when all 64 seeds have been filled or at 11 a.m. Saturday, Feb. 23, whichever comes first.
2. A player is not considered registered until the full amount of the registration fee has been received by AAP.
3. All registered players must check in on Friday night between 7 - 11 p.m. or Saturday by 10 a.m. at the registration table. Registrants who do not check in during these times will be liable to have their seed sold.
4. All unchecked registrants and unfilled seeds will be available for sale from 10 - 11 a.m. on Saturday, Feb 23. If you are unable to check in during these times, please contact the tournament organizer to make special arrangements.
5. Registration cost includes participation in both the open doubles and open singles events.

Cut here on dotted line and keep the top portion for your records

### Player Information

2002 Texas 12 Challenge

<b>Name:</b> _____	
<b>Occupation:</b> _____	<b>Date of Birth:</b> _____
<b>Street Address:</b> _____	
<b>City:</b> _____	<b>State/Province:</b> _____
<b>Zip/Postal Code:</b> _____	<b>Country:</b> _____
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____
<b>Pager / Mobile:</b> _____	<b>Email Address:</b> _____
<b>T-Shirt size (circle one):</b> <b>S</b> <b>M</b> <b>L</b> <b>XL</b> <b>XXL</b> <b>XXXL</b>	
<b>USAA Classification (circle one):</b> <b>Master</b> <b>Professional</b> <b>Expert</b> <b>Amateur</b> <b>Novice</b>	

If you do not know your USAA classification, send an email to airhockey@accrocco for more information

### Event Sign-up (check box to the right to register)

**Open Singles**     

**Open Doubles**     

Cash, cashier's check, money order, or personal checks accepted

**Make checks payable to:**  
**Accrocco Air-hockey Promotions**

**Mail Bottom half of Registration Form with Payment to:**  
**Accrocco Air-hockey Promotions**  
**3606 Emerald Bay Circle**  
**Katy, TX 77449-3890, USA**

**Registration Fee Enclosed:**      \$

### Waiver of Liability

I hereby acknowledge that I understand the AAP and its employees, Shooter's Billiards and Games, and all sponsors are not responsible for any injuries incurred during the course of the 2002 Texas 12 Challenge Air-hockey Championships. Furthermore, I acknowledge that the above parties are not responsible for any loss, theft or damage of any of my personal property, and I understand that, if I voluntarily withdraw from the event, I may be required to forfeit any prizes that I qualify to receive.

**\*Player Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*All players must sign Waiver of Liability to participate in any of the events.