



Membership Form

Year 2014/2015

First and Last Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Membership type:

- Annual Membership (\$20 – Active until 12/31/2015)
- Renewal Membership (\$10)

Mail payment and completed form to:

California Cue Sports, Inc.
 650 Castro St, Suite 120-504
 Mountain View, CA 94041

I have read and agree to honor all rules and regulations set forth by California Cue Sports, Inc. (CCS). I certify that I am at least 18 years of age. I understand that CCS has the right to determine player eligibility and refuse or revoke my membership, change schedules, and cancel events at will. I, on behalf of myself and my heirs or any other representative, agree to forever release CCS and any of its representatives and affiliates from any and all liability for personal injuries (including death), emotional stress and property losses or damage that occur at or in connection with any CCS league activity. I grant CCS permission to use my name, image, or likeness in League promotional materials or social media pages and agree not to seek royalties or damages for such use. I certify that I have fully read and understand these terms and that the information contained in this application is true and complete. I understand that providing false information or failure to comply with CCS rules may be grounds for removal from California Cue Sports and forfeiture of all fees paid to the CCS.

Sign _____ Date: _____

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