

# SDA PRODUCTIONS

c/o Scott D. Abramowitz

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# The North Jersey 14.1 Straight

Pool Pro/Am Quarterly

## PLAYER'S SKILL LEVEL CERTIFICATION FORM

Print or type all information (form must be fully completed)

Full name of Player: \_\_\_\_\_

Home or Mailing Address: \_\_\_\_\_  
(Select One)

Telephone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Approximate total years of experience playing billiard games: \_\_\_\_\_  
(Continuous and interrupted) (Indicate all years of play and interruption)

Current continuous and uninterrupted years of experience playing 14.1 straight pool: \_\_\_\_\_

List all 14.1 straight pool tournaments entered in the past five (5) years. Indicate placement and winnings for each event:  
(Use other side of form if Necessary)

List all other 14.1 straight pool experiences and level of play during the past two years (i.e. leagues, exhibitions, etc.):  
(Use other side of form if Necessary)

Circle "Skill Level" being certified: **One - Two - Three - Four - Five - Six** (during the past two years)

Based on the "Single Ball Run Level" indicated on Tournament's Posters or Pamphlets, the player named above attests that the information provided is true and the Skill Level selected is an accurate indication of consistent, regular, or often high run levels (average monthly high runs - not highest) at the time this Certification Form was submitted. A player may request certification for a higher Skill Level to insure protection against Penalty Points. Tournament Promoter and/or Director reserves right to refuse entry of any player whose Skill Level cannot be adequately substantiated.

Attested By: \_\_\_\_\_ date \_\_\_\_\_  
(Signature of Player)

## CERTIFICATION:

I \_\_\_\_\_ herby Certify, with my signature, as to the Skill Level of the player named  
(Print name)  
on this form. My qualifications to make this Certification are based on the following:

Years knowing and/or playing against player: \_\_\_\_\_ Years of experience playing billiard games: \_\_\_\_\_

My Billiards background is that of a (Check all of the following that apply):

Professional Player  Professional Instructor  Billiard Room Owner  Tournament Owner or Director

League Owner or Director  Other \_\_\_\_\_ Title \_\_\_\_\_

Home or Mailing Address: \_\_\_\_\_  
(Select One)

Cell Phone Number: \_\_\_\_\_ Tele. Number: \_\_\_\_\_ email address: \_\_\_\_\_

Certified By: \_\_\_\_\_ date \_\_\_\_\_  
(Signature of Certifier)

Player agrees and understands that Scott D. Abramowitz, dba SDA Productions will not be responsible for any theft or damage to any equipment and/or property of the Player, other Players, or the Public, nor for any injuries or incapacities to Players before, during, or after and SDA Production event. Players under the age of 18 may be requested to submit an "Authorization to Play" letter from a parent or legal guardian.

**List of 14.1 straight pool tournaments entered in past five (5) years:**

<u>Date</u>	<u>Tournament</u>	<u>Locations</u>	<u>Placement</u>	<u>Winnings</u>
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**List of 14.1 experience other than tournaments during past two (2) years:**

<u>Years and Dates</u>	<u>Type of Experience</u>	<u>Room and Location</u>	<u>Skill Level (if applicable)</u>
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