



Record High Run Submission Form

This form must be completed and submitted to the BCA office in order to claim a high run record at 14.1 (straight pool).

Name of submitter: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature of submitter: _____ Date: _____

Name of player: _____

Player's email: _____ Phone: _____

Information summary for the run:

Type: ____ Competition or ____ Exhibition (check one)

Claimed length of run: _____ balls

Location: _____

Date: _____

Approximate times of day: _____

Referee(s): _____

Name of opponent (if not solo): _____

The items on the following checklist should be submitted with this form. If an item is not included, please explain the omission.

1. ____ Description of the event, including such things as publicity, how it could be viewed, sponsorships, additional equipment details, venue, etc.
2. ____ Unedited video of the complete run (This video will be treated as confidential and shared only with the review committee. All copies will be returned to the submitter.)
3. ____ List of the people present including the functions of staff members
4. ____ Documentation of the table including pictures of the pockets

Explanation of omissions, if any. (Attach additional sheets as needed.)

There is a record review fee of \$750.

Please send this form, a check for the review fee, and the items on the checklist to:

Billiard Congress of America
Attn: High Run Record
500 Discovery Pkwy, Suite 125
Superior, CO 80027