



Team Registration Form

Team _____ Organization/Department _____

Address _____ City _____ State _____ Zip _____

Team Captain _____ Phone _____

Email _____ Cell _____

USNSC Lodging _____ Captain's Room _____

Team Members	Rank-Name	Age	Pistol	Rifle	Shirt Size	Position
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1.	_____	_____	_____	_____	_____	_____
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2.	_____	_____	_____	_____	_____	_____
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3.	_____	_____	_____	_____	_____	_____
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4.	_____	_____	_____	_____	_____	_____
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5.	_____	_____	_____	_____	_____	_____
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6.	_____	_____	_____	_____	_____	_____
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7.	_____	_____	_____	_____	_____	_____
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8.	_____	_____	_____	_____	_____	_____
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9.	_____	_____	_____	_____	_____	_____
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10.	_____	_____	_____	_____	_____	_____
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Payment Information

The team Fee is \$850. Please make checks payable to **US National SWAT Championships** Mail to: USNSC PO Box 20341, Mesa, AZ 85277-0341. Or you can pay by credit card. Fax completed page to: 480-807-4179.

Card Number _____

Name as it appears on card (print)

Expiration Date

Cardholder Phone Number _____