



Team Registration Form

Team/Department/Agency _____

Address _____ City _____ State ___ Zip _____

Team Captain _____ Phone _____

Email _____ Cell _____

Team Members w/Rank	Age	Shirt Size	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Payment Information

The team Fee is \$900, make checks payable to **US National SWAT Championships**

Mail address: USNSC PO Box 20341, Mesa, AZ 85277-0341.

To pay by credit card fax completed registration w/credit card info to: 480-807-4179.

Circle type card: Visa Master Card **The USNSC does not take American Express**

Card Number _____ Expiration Date _____

Name as it appears on card (print) _____ Signature _____

Cardholder Phone Number _____ Today's Date _____