



Team Registration Form

Jan 2008

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
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

Payment Information

The team Fee is \$750. 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. **Today's Date** _____

Type Card Visa Master Card American Express

Card Number _____ **Expiration Date** _____

_____ **Cardholder Phone Number** _____
Name as it appears on card (print)