



## Sniper Team Registration

Team/Department/Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

Team Captain \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

USNSC Lodging \_\_\_\_\_

| Team Members w/Rank | Age | Shirt Size | Sniper Gun |
|---------------------|-----|------------|------------|
|---------------------|-----|------------|------------|

|          |       |       |       |
|----------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
|----------|-------|-------|-------|

|          |       |       |       |
|----------|-------|-------|-------|
| 2. _____ | _____ | _____ | _____ |
|----------|-------|-------|-------|

### Payment Information

The team Fee is \$250. Please make checks payable to *US National SWAT Championships*  
Mail to: USNSC PO Box 20341, Mesa, AZ 85277-0341.

To pay by credit card complete below and fax Registration to: **480-807-4179**.

Type Card: Visa    Master Card    **USNSC does not take American Express**

Card Number \_\_\_\_\_      Expiration (M/Y) \_\_\_\_\_

Name as it appears on card (print) \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_