



Team Registration Form

OCT 2008

Team _____ Organization/Department _____

Address _____ City _____ State ____ Zip _____

Team Captain _____

Phone _____

Email _____ Cell _____

USNSC Lodging _____ Captain's Room _____

Team Members **Age** **Shirt Size** **Long Gun Make** **Position**

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. 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)