



2018 NASC™ - Four Person Team Event Registration Form

Please check one:

<input type="checkbox"/>	Division I: \$300, Add To 1, Maximum of one -1, and two minus rated players per team
<input type="checkbox"/>	Division II: \$200, Add To 9, Maximum of one 1 rated player per team

Team Captain: _____

PLEASE PRINT NEATLY AND LIST PLAYERS IN DECIMAL RATING ORDER!!!

	Name	ID #	Rating	Decimal	Cell Phone Number
Player 1					
Player 2					
Player 3					
Player 4					

In order for this registration to be accepted, you must pay in full for the team, and list all four players.

Amount Paid: _____ Date: _____

Please make your check payable to The Shuffleboard Federation, and mail it to PO Box 549, South Lyon, MI, 48178.