

Please mark all Tee Shirt and Dinner items

Choice of Doubles Rotation Choice of Main Events Rotation

1st	2nd	3rd	<input checked="" type="checkbox"/>	1st	2nd	3rd
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Name				NSSA#
Address				
City, State, Zip				
Phone Number(s)				
E-Mail Address				
Position Choice	1st	2nd	3rd	
T-Shirt	Qty	Size	Qty	Size
Dinner Sat Night	Yes	# of Tickets	No	

Name				NSSA#
Address				
City, State, Zip				
Phone Number(s)				
E-Mail Address				
Position Choice	1st	2nd	3rd	
T-Shirt	Qty	Size	Qty	Size
Dinner Sat Night	Yes	# of Tickets	No	

Name				NSSA#
Address				
City, State, Zip				
Phone Number(s)				
E-Mail Address				
Position Choice	1st	2nd	3rd	
T-Shirt	Qty	Size	Qty	Size
Dinner Sat Night	Yes	# of Tickets	No	

Name				NSSA#
Address				
City, State, Zip				
Phone Number(s)				
E-Mail Address				
Position Choice	1st	2nd	3rd	
T-Shirt	Qty	Size	Qty	Size
Dinner Sat Night	Yes	# of Tickets	No	

Name				NSSA#
Address				
City, State, Zip				
Phone Number(s)				
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Position Choice	1st	2nd	3rd	
T-Shirt	Qty	Size	Qty	Size
Dinner Sat Night	Yes	# of Tickets	No	

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