

Please mark all Dinner items

Choice of Doubles Rotation

Choice of Main Events Rotation

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

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

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

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

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

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