

2017 NEVADA SENIOR GAMES EVENT REGISTRATION FORM

Last Name		First Name		MI	Suffix	Date of Birth / /		Age on 12/31/17		Gender M F		Rating: If applicable		
Street Address			Apt/Unit	City			State		Zip	Country				
Mail Address (If different) <input type="checkbox"/> check here if same			Apt/Unit	City			State		Zip	Country				
Cell Phone		Home Phone		E-Mail Address										
Emergency Contact			Telephone		Relationship		Circle T-Shirt Size		S	M	L	XL	2X	3X
Additional Commemorative T-Shirts at \$10.00 each, enter quantity of each size.					Enter Qty. of Each Size		S	M	L	XL	2X	3X		
If you are on a Team, enter Team Name		<small>(TEAM CAPTAIN MUST COMPLETE TEAM ENTRY FORM AND ROSTER. IF USING PAPER REGISTRATION, EACH TEAM MEMBER MUST SIGN WAIVER.)</small>												
For doubles events, enter Event #, Partner's Name, Age, and Rating (if applicable.)		Event #		Partner								Age	Rating	
		Event #		Partner								Age	Rating	
		Event #		Partner								Age	Rating	
		Event #		Partner								Age	Rating	

NOTE: ENTRY MUST BE POSTMARKED BY MIDNIGHT, JULY 31, 2017 FOR EARLY BIRD REGISTRATION FEE.

PLEASE ENTER ALL INFORMATION										EVENT FEES	
Event #		Event Name									
Event #		Event Name									
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Event #		Event Name									
POSTMARKED BY MIDNIGHT JULY 31, 2017 - EARLY BIRD REGISTRATION FEE \$35.00											
AFTER JULY 31, 2017 - REGISTRATION FEE \$40.00											
OUT OF STATE RESIDENT - ADD \$5.00											
(BASKETBALL TEAM \$100, DANCE TEAM \$30, CAPTAIN ATTACH TEAM ROSTER, ADD \$10 FOR EACH MEMBER) TEAM ENTRY FEE											
YOUR SUPPORT KEEPS THE GAMES ALIVE! TAX DEDUCTABLE DONATION - PLEASE ADD ANY AMOUNT											
(ONE FREE T-SHIRT INCLUDED WITH REGISTRATION) ADDITIONAL T-SHIRT ORDERED \$10.00 EA											
SAVE BY REGISTERING ONLINE AT NEVADASENIORGAMES.COM - PAPER PROCESSING FEE \$10.00										\$10.00	
TOTAL DUE											
REMIT PAYMENT BY (DO NOT MAIL CASH):											
										<input type="checkbox"/> CHECK	
										<input type="checkbox"/> MONEY ORDER	
										<input type="checkbox"/> CREDIT CARD	
										<input type="checkbox"/> CASH	
PAYMENT BY CREDIT CARD, PLEASE COMPLETE AND SIGN										Check One: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
For Office Use Only		Print Cardholder Name									
Date Rcvd: _____	Card No./Exp. Date										EXPIRATION DATE
Check #: _____											
Enter Date: _____	Authorized Signature/Date										DATE
Entered By: _____											

Mail to: Nevada Senior Games, 6950 Via Olivero, Suite #5, Las Vegas NV 89117