

2020 NEVADA SENIOR GAMES EVENT REGISTRATION FORM

Last Name		First Name		MI	Suffix	Date of Birth / /		Age on 12/31/20		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: \$15.00 each (\$17 for size 3X.)					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	

PLEASE ENTER ALL INFORMATION										EVENT FEES	
Event #		Event Name									
Event #		Event Name									
Event #		Event Name									
Event #		Event Name									
Event #		Event Name									
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Event #		Event Name									
REGISTRATION FEE \$40.00											
(BASKETBALL TEAM \$100, DANCE TEAM \$40, 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: \$15.00 (\$17.00 FOR SIZE 3X) EACH											
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							CVC CODE (3 digits on back of card)		
Entered By: _____											

Mail to: Nevada Senior Games, 3355 Spring Mountain Rd #54, Las Vegas NV 89102