

REGISTRATION FORM

NAME	ASSOCIATION MEMBER Y/N ID #		
ADDRESS			
CITY	STATE	ZIP	PHONE
EMAIL			
TEAM NAME			
TEAM MEMBERS			We accept: Visa, MasterCard,
1.			American Express, and Discover
2.			Credit Card #: / / /
3.			Exp. Date:
4.			* - -
Please note: Team members need to reg	ister also.		
			Card Holder Signature Date
Mail to: NSU Parent Program			1
701 N Grand Ave. • Tahlequah, OK 744	164		