



Contact Information:

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Email: _____

Club Information:

Club Name:

Sport: _____

Location of the Club: _____

Address: _____

City: _____

Zip Code: _____

Number of Club Participants: _____

Club Website: _____

Competitive or Non-Competitive: _____

Additional Insured Information (If Applicable)

Name: _____

Address: _____

City: _____

Zip Code: _____

Manager/Lessors on Premises: _____

Name: _____

Address: _____

City: _____

Zip Code: _____

Manager/Lessors on Premises: _____

Name: _____

Address: _____

City: _____

Zip Code: _____

Manager/Lessors on Premises: _____

On the day your event starts, please submit rosters (first and last names) to the NHSCA. You will be charged accordingly and receive your receipt via email.

Payment Info:

Name on Card: _____

Number: _____

Expiration: _____

CVV: _____