



Indiana NASP 2012 State Qualifying Event Registration Form

Registration Date: _____
(Must be submitted 2 weeks prior of the Qualifying Event)

Date of the Qualifying Event: _____
Starting Time of Event: _____

Location of the Qualifying Event: _____
Address: _____
City: _____ State: _____ Zip: _____

Is the Event Open to additional Teams (Schools)? _____
If "Yes" how many more participants can you host? _____

Name of School (Hosting the Qualifier): _____
Address: _____
City: _____ State: _____ Zip: _____

Event Coordinator: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School(s) Participating in the Qualifying Event:

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____

School Name: _____
Team Name: _____ Head Coach: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Work Phone: _____ Cell Phone: _____



Directions For Submission of Registration Form

Return Registration Form to Tim Beck a minimum of 2 weeks before your official qualifying event one of the following ways:

E-Mail to: tbeck@dnr.in.gov (Preferred)

or

**By Mail To: Indiana NASP
2012 State Qualifying Event
P.O. Box 917
Jasper, IN 47547**