



US OPEN REGISTRATION FORM
September 7-10, 2017

ROTATION		1	2	3	4	5
THURSDAY	Doubles	8:30	9:40	10:50	12:00	
THURSDAY	12	1:10	2:40	4:10		
FRIDAY	12				8:30	10:00
FRIDAY	20	11:30	1:00	2:30	4:00	
SATURDAY	20					8:30
SATURDAY	28	10:00	11:30	1:00	2:30	4:00
SUNDAY	.410	9:00	10:30	12:00	1:30	3:00

DOUBLES CHOICE 1st 2nd 3rd 4th

MAIN CHOICE

Pre-registration by mail only.
FIRST POSTMARK DATE
JUNE 1, 2017

\$150 Deposit per person required. **No Exceptions.** Deposits will not be refunded after August 15, 2017. Make checks payable to: Northbrook Sports Club

Shooters wishing to squad together must send entry form and deposits in one envelope. Mail to: Andy Schusteff
 8835 Crawford Ave.
 Skokie, IL 60076

Confirmation will be made via email only.
 Andy Schusteff 2017usopen@gmail.com

For Squadding Questions, Changes or Withdrawals:
 Andy Schusteff 2017usopen@gmail.com

Entry forms are available at: ● www.ilskeet.com
 ● www.northbrooksportsclub.org/2017usopen ● www.nssa-nscd.com

For travel information, hotels and airlines go to www.northbrooksportsclub.org

NSSA #	
NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER(S)	
EMAIL	
CHOICE OF POSITION	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> DOUBLES: YES <input type="checkbox"/> NO <input type="checkbox"/>

NSSA #	
NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER(S)	
EMAIL	
CHOICE OF POSITION	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> DOUBLES: YES <input type="checkbox"/> NO <input type="checkbox"/>

NSSA #	
NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER(S)	
EMAIL	
CHOICE OF POSITION	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> DOUBLES: YES <input type="checkbox"/> NO <input type="checkbox"/>

NSSA #	
NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER(S)	
EMAIL	
CHOICE OF POSITION	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> DOUBLES: YES <input type="checkbox"/> NO <input type="checkbox"/>

NSSA #	
NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER(S)	
EMAIL	
CHOICE OF POSITION	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> DOUBLES: YES <input type="checkbox"/> NO <input type="checkbox"/>