		T
	2017 NSAA DUA	
	ESTLING CHAMPIC	
TT	Saturday, February 25, 20	
Univer	rsity of Nebraska-Kearney – Health Ticket Order Form	& Sports Center
	<u>IICKET OTAEL FOITH</u> Must Be Received by Monday, February 2	O th
Contact Name:		
Phone Number:	Email Addres	SS:
Cash	ndicate which form of payment will be used Check (written to NSAA) <i>*No personal checks</i>	and include with this order form) Credit Card (\$2.50 convenience charge)
Cardholder:	Mastereard Discover	
Card Type (please circle): VISA		nerican Express
Card Number:	Expirati	on: CVV Code:
Billing Address:		
Preferred method to receive th Pick up at the NSAA (Mail (please include a Name:	e tickets: Office, 500 Charleston Street, Lincoln (pick	up by Thursday, February 23
City, State, ZIP:		
	ail (scan in) or fax with payment (inform a Email: Megan Hub	ation) to: