

# AAF District XI NSAC Competition Registration Form

## GENERAL INFORMATION

School Name:

Agency number:

Contact's name (person completing this form):

Contact's email:

Contact's phone:

Total number of people attending (*registering*) for the competition (including advisors):

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**INVOICE:** AAF District XI will email an invoice to the contact listed on this form or an alternate contact listed below. How would you like to pay for your registrations?

- 1) **By check or checks** may be individually or by an entity (School, team, etc.)  
Make payable to **AAF District XI**
- 2) **By credit card** via PayPal. AAF District XI will invoice through PayPal.

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Name of entity to be invoiced:

Please email directly to (name):

Email:

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## ROSTER

To finalize registration, please complete the spreadsheet: [AAF District XI NSAC Roster download](#)