

2017 SUPERMICRO NATIONAL CHAMPIONSHIP ENTRY CHANGE FORM

Name on Entry Form: _____

DROP EVENT:

Event Number/Name: _____

Event Number/Name: _____

Event Number/Name: _____

ADD EVENT:**

Event Number/Name: _____

Event Number/Name: _____

Event Number/Name: _____

CHANGE DOUBLES PARTNER

Event Number/Name: _____

From: _____

To: _____

Event Number/Name: _____

From: _____

To: _____

FREE HOTEL ROOM EVENT:

If adding additional event please put it on the ADD EVENT section as well

_____ ** Please check if you need a refund for event you already paid

ADDITIONAL ITEMS:

_____ SPECTATOR PASSES: \$30 FOR SIX DAYS

_____ PLAYERS LOUNGE: \$50 All week

_____ FINALS TICKETS: (Purchase before 5/31/2017: Lower Bowl \$40, Upper Bowl \$15; At Registration ; Lower Bowl \$60 Upper Bowl \$25.)

\$_____ TOTAL:

\$25 For any additional events.

Name of person requesting change: _____ Date of Request: ____ / ____ / _____

Method of Payment: _____ Credit Card _____ Check _____ PayPal _____

Card Holder Name: _____

Card #: _____

Date of Expiration: ____ / ____ CVC _____

Billing Address: _____

Signature: _____