

Mail completed applications to:  
**Carolina Sabers**  
 c/o Robert Flowers  
 1026 W. Mt. Gallant Rd.  
 York, SC 29745



## TEAM MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		Handle:
Email:		Primary Phone:
Date of birth:		Secondary Phone:
Current address:		
City:	State:	ZIP Code:

### PAINTBALL HISTORY INFORMATION

Primary Paintball Field You Play at:	
Primary Marker:	Years Playing:
Primary Playing Style : <input type="checkbox"/> Aggressive <input type="checkbox"/> Stealth <input type="checkbox"/> Paint Shooter	
Position Usually Played: <input type="checkbox"/> Front Line <input type="checkbox"/> Back / Support <input type="checkbox"/> Mission Team	

### EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### GENERAL INFORMATION

Favorite Saying:
How did you find out about the team:

### SIGNATURES

I have read the team By-laws, and Code of Conduct. I understand that by signing this application I am required to follow and uphold those By-Laws and regulations and that failure to do so can be cause for my dismissal from the team. By submitting this application, I am not guaranteed a position on the Carolina Sabers Scenario Paintball Team.

Signature of applicant:	Date:
Signature of Parent or Guardian (if under 18 yrs of age):	Date:

### For Team Administration Use ONLY

<b>Group:</b> _____	<b>Sponsor:</b> _____
<b>Ranking:</b> _____	<b>Mentor:</b> _____
<b>Squad:</b> _____	<b>Comments:</b> _____