

MATCH REQUEST FORM

Name _____ Member # _____ Phone # _____ Date _____

Address _____ E-mail _____

This is a change of address. Effective _____

USE THESE LETTER CODES TO ASSIST MATCH COORDINATOR:

[A] Desire A.R.E.A. opponent (if available)

[F] Desire fast opponent (7-day reply) (if available)

[G] Will Game Master this game with # _____ Players

[M] Desire Multiplayer Match with # _____ Players

[N] Will play new member

[NR] Request non-rated match only

[O] Will play opponents outside USA/Canada

[X] ICRKs needed (check one): 1-6 1-10 2-12 Other (Specify _____)

[Y] Need preprinted OOB #'s _____ (Insert OOB # or game title)

[Z] Need continuation ICRK for this title _____ & ICRK # _____

Send my ICRK by e-mail e-mail address _____

Game title #1. _____ Letter Codes _____

Game title #2. _____ Letter Codes _____

Game title #3. _____ Letter Codes _____

Game title #4. _____ Letter Codes _____