Summer Pistol League

Summer Pistol League

Registration Form

(Please Print Clearly and list member # or Guest of)

Name: _____

Member # _____(Please indicate R, L, J. H, or who's guest)

If guest - Member name and #_____

Phone _____ Email _____
(If I can't read it - you won't get it)

Scores will be posted.

Are your membership dues paid in full? Yes ____ No ____N/A___

Are your Range fees paid and current? Yes ____ No ____N/A___

Have you signed a waiver? Yes ____ No ____

Have you read the rules for the summer pistol league? Yes ____ No ____

Firearm: Make_____ Model _____ Cal. _____

Class Combat _____ Marksmanship _____

_____ ___/___/_____
(signature of member/guest) (date)

Registration fee paid Amt_____ Date __/___/____ Initials _____