



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 _____

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 _____