



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 emailed when available and/or posted on Club website.

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 _____