



2014 Texas State Skeet Championships
Official Pre-Registration Form
 Greater Houston Gun Club - Houston, Texas June 19-22, 2014

NSSA No. _____ TSSA No. _____

Name: _____ Phone: _____

(Please print)

Email: _____

Address _____ City _____ ZIP _____

Squad confirmations will be sent by email only. Awards and/or medals will be mailed to this address.

Handicap Field Required?

Please enter number of Banquet Tickets needed at _____ \$30 ea.

2014 Texas State Skeet Championship Shooting Times					
	Event	Rotations			
		1	2	3	4
Thursday - 6/19/14	Referee	10:20			
	Doubles	1:00	2:20	3:40	
Friday - 6/20/14	12	9:00	10:30	12:00	1:30
	20	3:00	4:30		
Saturday - 6/21/14	20			9:00	10:30
	28	12:00	1:30	3:00	4:30
Sunday - 6/22/14	.410	2:00	9:30	11:00	12:30

Enter 1st, 2nd & 3rd choice of rotation for Doubles: 1st _____ 2nd _____ 3rd _____

Enter 1st, 2nd & 3rd choice of rotation for Main: 1st _____ 2nd _____ 3rd _____

Enter 1st, 2nd & 3rd choice of position: 1st _____ 2nd _____ 3rd _____

Please note: If you do not enter 1st and 2nd choice of rotation, you will be assigned the next available rotation. Rotation preference will be given in this order and by date received: #1 to five man squads #2 to four gun shooters #3 all others

PRINT names of each squad member in desired position

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Complete and submit Page 2 if squadding together

Deposits: \$50 for Main + \$25 for Doubles

Make Checks Payable to:
TSSA State Shoot

Send completed form &
 \$50 (main only) or \$75 (main + dbls) deposit
 to:
TSSA
201 Laurence Drive, PMB#546
Heath, TX 75032

\$75 or \$50.00 DEPOSIT REQUIRED FOR EACH SHOOTER LISTED ON THIS FORM

All 4-gun shooters desiring to squad together **MUST** send their completed forms, with **ALL** deposits, in one envelope.

Shooter Name	Main \$50	Doubles \$25	Banquet \$30	Total	***NOTICE*** DO NOT SEND DEPOSITS TO GUN CLUB Squadding will be done by Woody Anderson Please direct all questions, changes or cancelations to: Woody Anderson Phone: 214-808-3721 e-mail: wanderson@mytssa.com
1					
2					
3					
4					
5					
				Total	Pre-Registrations prior to June 1st will be confirmed about June 4th by e-mail only.

FOR TSSA SHOOT STAFF ONLY:

Date: _____ Deposit Received _____ Check No. _____ Rotation _____ Dbls _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Shoot Position: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5	NSSA # _____ TSSA# _____ Email: _____ Phone: _____ RV Space needed? _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Shoot Position: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5	NSSA # _____ TSSA# _____ Email: _____ Phone: _____ RV Space needed? _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Shoot Position: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5	NSSA # _____ TSSA# _____ Email: _____ Phone: _____ RV Space needed? _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Shoot Position: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5	NSSA # _____ TSSA# _____ Email: _____ Phone: _____ RV Space needed? _____