

**PLEASE NOTE: ALL SHOOTERS MUST BE A MARINE CORPS LEAGUE
MEMBER IN GOOD STANDING.**

PLEASE PRINT OR TYPE ALL INFORMATION

WE NEED THE NUMBER OF SHOOTERS FIRING EACH CALIBER / PISTOL

AR15_____

NUMBER OF SHOOTERS NEEDING BILLETS _____

DEADLINE FOR ENTRY WILL BE POSTMARK OF 10 SEPT 2010

SEND (2) RELEASE FORMS, TEAM REGISTRATION FORM AND FEE OF \$30.00 FOR EACH
PARTICIPANT MADE PAYABLE TO: **DEPT OF PA RIFLE MATCH.**

TO

DAVID G. PAVEY SR , 207 PINE ST, TOWANDA, PA 18848, PH 570-265-2901

SPECIAL REQUESTS

PLEASE PRINT OR TYPE ALL INFORMATION

PHYSICAL CONDITIONS

INFORMATION IS REQUESTED FOR THOSE SHOOTERS UNDER MEDICAL CARE THAT MAY NEED MEDICAL
TREATMENT IF THE NEED ARISES, i.e., NAME OF SHOOTER, CONDITION, MEDICATION, HANDICAP CONDITIONS
AND NEXT OF KIN TO BE NOTIFIED INCLUDING PHONE NUMBER.

NAME_____HOME PHONE_____