

**DEPARTMENT OF PENNSYLVANIA MARINE CORPS LEAGUE  
PISTOL MATCH SHOOTER / TEAM FORM**

**DETACHMENT / UNIT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TEAM CAPTAIN:** \_\_\_\_\_ **PHONE:** (     ) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**E-MAIL ADDRESS:** \_\_\_\_\_

- COLUMN #1 PRINT FULL NAME...(NO NICKNAMES PERMITTED)**
- COLUMN #2 LEAGUE ID NUMBER OR ACTIVE DUTY NUMBER (LAST FOUR OF SSN)**
- COLUMN #3 PISTOL / REVOLVER TO BE USED: (IF PISTOL – 1911A1 or 9mm IF REVOLVER – .38 CAL)**
- COLUMN #4 MARK “X” IF 1<sup>ST</sup> TIME SHOOTER**
- COLUMN #5 DO NOT MARK - OFFICIAL USE ONLY**

**TEAM A (LAST, FIRST MI)**

Column 1	Column 2	Column 3	Column 4	Column 5
1.				
2.				
3.				
4.				
5.				

**TEAM B**

Column 1	Column 2	Column 3	Column 4	Column 5
1.				
2.				
3.				
4.				
5.				

**TEAM C**

Column 1	Column 2	Column 3	Column 4	Column 5
1.				
2.				
3.				
4.				
5.				

**TEAM D**

Column 1	Column 2	Column 3	Column 4	Column 5
1.				
2.				
3.				
4.				
5.				

**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

1911A1 .45 \_\_\_\_\_ BERETTA 9mm \_\_\_\_\_ Revolver .38 SPECIAL \_\_\_\_\_

NUMBER OF SHOOTERS NEEDING BILLETS \_\_\_\_\_

DEADLINE FOR ENTRY WILL BE POSTMARK OF 30 APRIL 2010

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

TO

**EDMUND F. PIENTA, 46 LEWIS STREET, WILKES-BARRE, PA 18705-2837**

**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 \_\_\_\_\_

**YOU MAY PRINT THESE PAGES ON LINE**

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