

PLEASE PRINT OR TYPE ALL INFORMATION

WE NEED THE NUMBER OF SHOOTERS FIRING EACH CALIBER / PISTOL

1911A1 .45 _____ BERETTA 9mm _____ 1917/.45 REVOLVER _____ .38 SPECIAL _____

NUMBER OF SHOOTERS NEEDING BILLETS (_____)

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

DEADLINE FOR ENTRY WILL BE POSTMARK OF 30 APRIL

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

TO
THOMAS W. HAZLETT, 45 DELAWARES RIDGE, GETTYSBURG, PA 17325

SPECIAL REQUESTS

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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 _____