Print and mail or email this completed form as shown on flyer

Date

Shoot Name

Please enter the following shooters in the upcoming _____

First Last

Position #1 Name: _____ NSSA# _____ TSSA# _____

Address: _____

Ph#: _____ Email: _____

Concurrents: _____

Paid on Deposit: $ _____ CK#: _____

First Last

Position #2 Name: _____ NSSA# _____ TSSA# _____

Address: _____

Ph#: _____ Email: _____

Concurrents: _____

Paid on Deposit: $ _____ CK#: _____

First Last

Position #3 Name: _____ NSSA# _____ TSSA# _____

Address: _____

Ph#: _____ Email: _____

Concurrents: _____

Paid on Deposit: $ _____ CK#: _____

First Last

Position #4 Name: _____ NSSA# _____ TSSA# _____

Address: _____

Ph#: _____ Email: _____

Concurrents: _____

Paid on Deposit: $ _____ CK#: _____

First Last

Position #5 Name: _____ NSSA# _____ TSSA# _____

Address: _____

Ph#: _____ Email: _____

Concurrents: _____

Paid on Deposit: $ _____ CK#: _____

Desired Doubles Rotation: _____ 1st Choice _____ 2nd Choice _____ 3rd Choice

Desired Main Rotation: _____ 1st Choice _____ 2nd Choice _____ 3rd Choice

Shooter Name	Deposit			
First Last	Main	Doubles	Banquet	Total
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
			Total	$0.00