

THE 2016 ZONE VI iSHOOT at WACO

AUGUST 5-7, 2016

This information needed for each squad member. All confirmations will be e-mail only.

Mail this form to address as noted on flyer.

Position #1 Name: _____ NSSA# _____ TSSA# _____
 Address: _____
 Ph#: _____ Email: _____
 Concurrents: _____
 Paid on Deposit: \$ _____ Ck#: _____

Position #2 Name: _____ NSSA# _____ TSSA# _____
 Address: _____
 Ph#: _____ Email: _____
 Concurrents: _____
 Paid on Deposit: \$ _____ Ck#: _____

Position #3 Name: _____ NSSA# _____ TSSA# _____
 Address: _____
 Ph#: _____ Email: _____
 Concurrents: _____
 Paid on Deposit: \$ _____ Ck#: _____

Position #4 Name: _____ NSSA# _____ TSSA# _____
 Address: _____
 Ph#: _____ Email: _____
 Concurrents: _____
 Paid on Deposit: \$ _____ Ck#: _____

Position #5 Name: _____ NSSA# _____ TSSA# _____
 Address: _____
 Ph#: _____ Email: _____
 Concurrents: _____
 Paid on Deposit: \$ _____ Ck#: _____

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

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

Notes: _____

Shooter Name	Main	Doubles	Total	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	
TOTAL			\$	