

Registration Form

Course: Team Match Clinic
Location: PIGG River Precision, Virginia

Course Dates: Oct 3-4, 2020

Full Name: _____

Partner's name (each person fill out a registration form): _____

Address: _____

Phone: _____

Email: _____

T-Shirt Size: _____ **Interested in Friday (10/2) PM pistol refresher?** ____ Yes ____ No

Payment Preference: ____ Credit Card ____ Direct Transfer ____ Check/Money Order

Emergency Information (Please provide two contacts):

Any known medical issues/allergies: _____

Emergency Contact Name: _____

Phone: _____

Backup Contact Name: _____

Phone: _____

Biographical Information:

Have you ever competed in a firearms competition?

Have you ever competed in a team firearms competition?

Please give a quick summary of precision rifle experience:

Please give a quick summary of other firearms experience:

Are you currently registered for any team events in the future?

What are your goals for this training event?

Equipment List:

Rifle: _____

Chamber: _____

Ammunition: _____

Scope: _____

Ballistic Calculator/Device: _____

Pistol: _____

Holster: _____

Pack: _____

Other Notes: _____

