



**Quantico Shooting Club
Pistol Registration Form**

EVENT: _____
NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
NRA#: _____ **CMP#:** _____
EMAIL: _____ **PHONE#:** _____

QUANTICO SHOOTING CLUB MEMBER: Yes: No:

NRA CLASSIFCATIONS:

DISTINGUISHED: Yes: No:

NRA CATAGORIES:

MATCHES PARTICIPATING: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___
9 ___ 10 ___ 11 ___ 12 ___ 13 ___ 14 ___ 15 ___ 16 ___ 17 ___ 18 ___ 19 ___
20 ___ 21 ___ 22 ___ 23 ___ 24 ___ 25 ___ 26 ___ 27 ___