

Team Gostar

Match BPSA 14 08 & 09/12/2012

Squad Registration Form

Club :
 Name :
 Adress :
 City :Code :Country :
 Phone:Fax :

	Name & Alias	Club	Division	Factor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Squadding

If 2nd choice not available :

1st choice :

2nd choice :

- ☐ Sat AM
☐ Sat PM
☐ Sun AM
☐ Sun PM

- ☐ Sat AM
☐ Sat PM
☐ Sun AM
☐ Sun PM

- ☐ Reimburse
☐ Phone ore fax for
 another appointment

Squad registration = same time and day = one check

Team Gostar

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Individual Registration Form

Club :
 Name :Alias.....
 Adress :
 City :Code :Country :
 Phone:Fax :

DIVISION

Caliber

Class

- ☐ Open
☐ Standard
☐ Modified
☐ Production
☐ revolver

- ☐ Major
☐ Minor

- ☐ Lady
☐ Senior
☐ S.S

If 2nd choice not available :

1st choice :

2nd choice :

- ☐ Sat AM
☐ Sat PM
☐ Sun AM
☐ Sun PM

- ☐ Sat AM
☐ Sat PM
☐ Sun AM
☐ Sun PM

- ☐ Reimburse
☐ Phone ore fax for
 another appointment

I want to be squadded with.....

Reginal director approval.....Shooter signature.....

One shooter=one registration form=one check

Info and mail form/ check to Schampheler Dirk Hoogstraat 19
 Account 755-4249708-94 Tel : 09/368.08.86 9260 Schellebelle
 Fax : 09/366.31.49 GSM:0475/85.85.33 E-mail : info@gostars.be