Team Gostar

Match BPSA 15 05 & 06/12/2015

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 choise not available :

1st choice :

- ☐ Sat AM
- ☐ Sat PM
- ☐ Sun AM
- ☐ Sun PM

2nd choise :

- ☐ Sat AM
- ☐ Sat PM
- ☐ Sun AM
- ☐ Sun PM

- ☐ Reimbourse
- ☐ Phone ore fax for another appointement

Squad registration = same time and day = one check

Team Gostar

Match BPSA 15 5 & 6/12/2015

Individual Registration Form

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

DIVISION

- ☐ Open
- ☐ Standard
- ☐ Modified
- ☐ Production
- ☐ revolver

Caliber

- ☐ Major
- ☐ Minor

Class

- ☐ Lady
- ☐ Senior
- ☐ S.S

If 2nd choise not available :

1st choice :

- ☐ Sat AM
- ☐ Sat PM
- ☐ Sun AM
- ☐ Sun PM

2nd choise :

- ☐ Sat AM
- ☐ Sat PM
- ☐ Sun AM
- ☐ Sun PM

- ☐ Reimbourse
- ☐ Phone ore fax for another appointement

I want to be squadded with……

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

One shooter=one registration form=one check

Info and mail form/ check to Schampheleer Dirk Hoogstraat 19
Account BE87 7554 2497 0894 Tel : 09/368.08.86 9260 Schellebelle
Fax : 09/366.31.49 GSM:0475/85.85.33 E-mail : info@gostars.be