

**2017 DEPARTMENT OF PENNSYLVANIA MARINE CORPS LEAGUE
PISTOL MATCH SHOOTER / TEAM;
SERVICE MATCH**

DETACHMENT / UNIT: _____ DATE: _____

TEAM CAPTAIN: _____ PHONE: () _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

E-MAIL ADDRESS: _____

- COLUMN #1 PRINT FULL NAME...(NO NICKNAMES PERMITTED) (LAST, FIRST MI)
- COLUMN #2 LEAGUE ID NUMBER OR ACTIVE DUTY NUMBER...(LAST FOUR OF SSN)
- COLUMN #3 PISTOL / REVOLVER TO BE USED: (IF PISTOL – 1911A1 or 9mm) (IF REVOLVER – 1917/.45 or .38 CAL)
- COLUMN #4 MARK "X" IF 1ST TIME SHOOTER
- COLUMN #5 DO NOT MARK - OFFICIAL USE ONLY

TEAM A

	Column 1	Column 2	Column 3	Column 4	Column 5
1					
2					
3					
4					
5					

TEAM B

	Column 1	Column 2	Column 3	Column 4	Column 5
1					
2					
3					
4					
5					

TEAM C

	Column 1	Column 2	Column 3	Column 4	Column 5
1					
2					
3					
4					
5					

TEAM D

	Column 1	Column 2	Column 3	Column 4	Column 5
1					
2					
3					
4					
5					

SEE REQUEST FOR ADDITIONAL INFORMATION ON THE NEXT PAGE

PLEASE PRINT OR TYPE ALL INFORMATION

WE NEED THE NUMBER OF SHOOTERS FIRING EACH CALIBER / PISTOL

Type Wpn

Type Wpn

NUMBER OF SHOOTERS NEEDING BILLETS (_____)

***PLEASE NOTE: ALL SHOOTERS MUST BE A MARINE CORPS
LEAGUE MEMBER IN GOOD STANDING.***

DEADLINE FOR ENTRY WILL BE POSTMARK 31 MAY

SEND (2) RELEASE FORMS, TEAM REGISTRATION FORM AND FEE OF \$30.00 FOR EACH
PARTICIPANT MADE PAYABLE TO: **DEPT OF PA PISTOL MATCH.**

TO
JOSEPH M. KIER, 2201 REBECCA DR., HATFIELD, PA. 19440-2751

SPECIAL REQUESTS

PLEASE PRINT OR TYPE ALL INFORMATION

PHYSICAL CONDITIONS

INFORMATION IS REQUESTED FOR THOSE SHOOTERS UNDER MEDICAL CARE THAT MAY NEED MEDICAL
TREATMENT IF THE NEED ARISES, i.e., NAME OF SHOOTER, CONDITION, MEDICATION, HANDICAP CONDITIONS
AND NEXT OF KIN TO BE NOTIFIED INCLUDING PHONE NUMBER.

NAME _____ HOME PHONE _____