

Entry Form

Name: _____

Address: _____

Address II: _____

City: _____ State: _____ Zip: _____

Optional: Telephone: _____ E- Mail: _____

Check the Class you will be shooting:

_____ VFS _____ Custom _____ Factory

Caliber of Rifle _____

Are you a member of IBS? _____ or NBRSA? _____

Check enclosed for \$12.00 U.S. for one match _____ or

Check enclosed for \$50.00 U.S. for five matches _____

I wish to be a member of the team _____

along with: _____, _____,

and _____.

I wish to be placed on a team but have no team mates at this time. _____

Checks are to be made out to Francis P. Becigneul

Send To:

Francis Becigneul
6148 Gibbons Road
Jeddo, Mi 48032-3701