

2019 VIRGINIA STATE SKEET CHAMPIONSHIP PRE-REGISTRATION

August 14 – 18, 2019

Deposit checks payable to VSSA - \$ 32 Per Shooter (\$24 for juniors/sub-juniors)

Send complete pre-registration form and deposit check(s) to: Tonda Finney, 420 N. Main St., Gretna, VA 24557

EARLY REGISTRATIONS – Deadline: Saturday, July 13. Mail or deliver completed pre-registration form to **ARRIVE BY no later than deadline.** *A drawing for rotation assignments will be held (for requests that exceed available rotations).*

LATE REGISTRATIONS – Deadline: Tuesday, August 6 received (with deposit checks) will be assigned/confirmed to available slots.

ROTATION PREFERENCES <i>(for shooter, shooters or squad below)</i>		PRELIM (20 GA)	DOUBLES Event 1	GUNS Events 2-5
Rotation Choices: 1 st _____ 2 nd _____ 3 rd _____ If signing up as a single or on a short squad (circle) your preferred shooting position(s): 1 st 2 nd 3 rd 4 th 5 th		(circle a time if you are shooting this event)	(circle a time if you are shooting this event)	(circle the guns you are shooting)
Shooter Pos 1	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No___	Wed 1:00 Wed 2:30	Wed 4:00 or Time per your rotation	20 28 12 410
Shooter Pos 2	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No___	Wed 1:00 Wed 2:30	Wed 4:00 or Time per your rotation	20 28 12 410
Shooter Pos 3	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No___	Wed 1:00 Wed 2:30	Wed 4:00 or Time per your rotation	20 28 12 410
Shooter Pos 4	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No___	Wed 1:00 Wed 2:30	Wed 4:00 or Time per your rotation	20 28 12 410
Shooter Pos 5	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No___	Wed 1:00 Wed 2:30	Wed 4:00 or Time per your rotation	20 28 12 410

Comments or Special Notes: _____

WANT TO REFEREE? Contact Lane Hartle. (See Instructions – Item #5)

Complete **ONLY** if you have a **NEW** address (different from NSSA).

Name: _____ NSSA #: _____

Address: _____

City & Zip: _____

Name: _____ NSSA #: _____

Address: _____

City & Zip: _____

Name: _____ NSSA #: _____

Address: _____

City & Zip: _____

Name: _____ NSSA #: _____

Address: _____

City & Zip: _____

Name: _____ NSSA #: _____

Address: _____

City & Zip: _____