

2021 VIRGINIA STATE SKEET CHAMPIONSHIPS PRE-REGISTRATION

September 8-12, 2021

Deposit checks payable to VSSA - \$37 Per Shooter (\$30 for juniors/sub-juniors)

Send complete pre-registration form and deposit check(s) to:

Tonda Finney, 3340 Yorkshire Dr., Sandy Level, VA 24161

EARLY REGISTRATIONS – Deadline: Monday, August 16. Mail or deliver completed pre-registration form to **ARRIVE NO LATER than this deadline.** A drawing for rotation assignments will be held if requests exceed available rotations.

LATE REGISTRATIONS – Deadline: Tuesday, August 24 received (with deposit checks) will be assigned/confirmed to available slots.

ROTATION PREFERENCES (for shooter, shooters or squad below)		PRELIM (28 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)	(If you are shooting this event, rank time preferences - 1, 2, 3)	(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 1:30 Wed 3:00	__Wed 4:30 __Thurs 1:30 __Thurs 2:45 __Thurs 4:00 __Fri 4:30	28 20 12 410
Shooter Pos 2	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No ___	Wed 1:30 Wed 3:00	__Wed 4:30 __Thurs 1:30 __Thurs 2:45 __Thurs 4:00 __Fri 4:30	28 20 12 410
Shooter Pos 3	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No ___	Wed 1:30 Wed 3:00	__Wed 4:30 __Thurs 1:30 __Thurs 2:45 __Thurs 4:00 __Fri 4:30	28 20 12 410
Shooter Pos 4	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No ___	Wed 1:30 Wed 3:00	__Wed 4:30 __Thurs 1:30 __Thurs 2:45 __Thurs 4:00 __Fri 4:30	28 20 12 410
Shooter Pos 5	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee? Yes___ No ___	Wed 1:30 Wed 3:00	__Wed 4:30 __Thurs 1:30 __Thurs 2:45 __Thurs 4:00 __Fri 4:30	28 20 12 410

Comments or Special Notes: _____

WANT TO REFEREE?

Contact Mark Parker. (See Instructions – Item #7)

NEW ADDRESS FORM

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: _____