

FOR MATCH REGISTRAR ONLY. PLEASE DON'T WRITE IN THIS BOX.

- Junior Senior Woman Match Volunteer **Fee Paid** \$ _____
- Garand/Service Rifle Match \$10 Loaner issued SN _____
- G-S-M Clinic and Match \$25/\$30
- Rimfire Sporter Match \$10 Ammo \$ _____
- Rimfire Sporter Clinic and Match \$25/\$30
- Hunter Match \$10

Clinic & Match Registration

Competitors please provide the information below completely and legibly:

Shooter's Name (Please print): _____

Street Address: _____

City, State, ZIP: _____

Phone: (_____) _____ Your Age _____

Email address: _____

We will use your email address to publish results and advise you of future events.

How did you hear about this event? _____

Are you a member of the Crooked Creek Conservation Club? No Yes

Member of any other similar club? _____

CMP Shooter Number (if known): _____

Please read the Waiver of Liability below and sign and date at the bottom.

I hereby release the Crooked Creek Conservation Club Corp., its members, Trustees, and agents from any and all liability for bodily injury, death, or property damage which I may sustain arising from my participation in the rifle match in which I am participating this date.

I have read, understand, and agree to the above.

Printed Name Signature Date: _____

If you are the parent or legal guardian signing for a minor, please sign and date below.

Signature of Parent or Legal Guardian Date: _____