

**CENTRAL BUCKS DETACHMENT, MARINE CORPS LEAGUE  
SERVICE/OPEN PISTOL MATCH REGISTRATION FORM**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**E-MAIL ADDRESS:** \_\_\_\_\_

DEADLINE FOR ENTRY MUST BE POSTMARKED AS OF 16 SEPTEMBER 2017  
SEND THE RELEASE FORM, REGISTRATION FORM AND FEE OF EITHER \$30.00  
FOR ONE CLASS AND \$15.00 FOR ADDITIONAL CLASSES. (Check one or more box below)

**SERVICE**     **OPEN**     **.22 CAL**

CHECKS MADE PAYABLE

Central Bucks Detachment, Inc.

**JOSEPH M. KIER**

**AND SEND TO:**

**2201 REBECCA DRIVE  
HATFIELD, PA 19440**

**SPECIAL REQUESTS**

PLEASE PRINT OR TYPE ALL INFORMATION

**PHYSICAL CONDITIONS**

INFORMATION IS REQUESTED FOR THOSE SHOOTERS UNDER MEDICAL CARE THAT MAY NEED MEDICAL ASSISTANCE OR TREATMENT; NAME OF SHOOTER, CONDITION, MEDICATION, HANDICAP CONDITIONS AND NEXT OF KIN TO BE NOTIFIED INCLUDING PHONE NUMBER.

\_\_\_\_\_  
SIGNATURE