

**CENTRAL BUCKS DETACHMENT, MARINE CORPS LEAGUE  
SERVICE/OPEN/.22 PISTOL MATCH REGISTRATION FORM**

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

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

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

SEND THE RELEASE FORM, REGISTRATION FORM AND FEE OF EITHER \$30.00 FOR ONE MATCH, \$45.00 FOR BOTH OPEN AND SERVICE MATCHES OR \$60 FOR ALL THREE CLASSES, SERVICE, OPEN AND .22. SUBMIT BY SEPT. 14, 2019

**CHECKS MADE PAYABLE TO: CENTRAL BUCKS DETACHMENT**

**SEND PAYMENT TO: JOSEPH M. KIER  
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