

The International Tactical Rifleman's Championship Registration Form

Name: _____, _____ MI
Last Name First Name

D.O.B: _____ Daytime Phone: _____

Declared Match Firearms: _____

Shooting Experience: _____

Email: _____ Team Mate: _____
(Must use a separate form and waiver)

Match Fee Enclosed (\$300.00 US for individuals, or \$600.00 US per team)
Make checks payable to: D&L Sports PO Box 651, Gillette, WY 82717

Mailing Address: _____

Occupation: _____

Character Reference: _____

A completed and signed waiver MUST accompany this registration form

Right of refusal reserved. Fees are non-refundable less than 90 days prior to the event. Registration is limited.

D&L Sports Inc. P.O. Box 651 Gillette, WY 82717 Phone: (307) 686-4008 Fax: (307) 686-5093