

FREEDOM BENCHREST MEMBER MATCH REGISTRATION

CLUB NAME: _____ MATCH #: _____

600 YARD: _____ 1000 YARD: _____

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ARE YOU? ROOKIE: _____ JUNIOR: _____ FREEDOM BR MEMBER: _____

HEAVY GUN

CALIBER: _____ ACTION: _____ BARREL MAKER: _____ STOCK: _____

GUNSMITH: _____ SCOPE: _____ POWDER: _____

POWDER WEIGHT: _____ BULLET MAKER AND WEIGHT: _____

LIGHT GUN

CALIBER: _____ ACTION: _____ BARREL MAKER: _____ STOCK: _____

GUNSMITH: _____ SCOPE: _____ POWDER: _____

POWDER WEIGHT: _____ BULLET MAKER AND WEIGHT: _____

TACTICAL GUN

CALIBER: _____ ACTION: _____ BARREL MAKER: _____ STOCK: _____

GUNSMITH: _____ SCOPE: _____ POWDER: _____

POWDER WEIGHT: _____ BULLET MAKER AND WEIGHT: _____

PLEASE SEND COPY OF THE MATCH REGISTRATION TO THE FREEDOM BENCHREST OFFICE LOCATED AT
(ADDRESS HERE)

