

Kettlefoot Event Entry Form

Date _____

Name: _____

Address: _____

City/State/Zip Code: _____

Cell Phone Number: _____ Email: _____

EMERGENCY CONTACT and PHONE: _____

Event (Circle One):

ABRA Indoor ABRA Outdoor ARA Indoor ARA Outdoor ATA /Trap IDPA

IR-50/50 Indoor IR 50/50 Outdoor Kettlefoot Rimfire PRS Rimfire NSSA/Skeet

PRS Centerfire/Long Range PSCSL Silhouette Rimfire Steel Challenge

Triple Crown Trophy Shoot (Shotgun) UBR USPSA Other : _____

Other INFO if needed:

ATA # and Yardage _____

NSSA # _____

IDPA # _____

USPSA # _____

Other numbers: _____

I have read the Waiver/Release on the reverse of this form and accept all risks involved in my participation in circled event.

X. _____