

**MARINE CORPS LEAGUE OF PENNSYLVANIA, INC.  
SERVICE RIFLE MATCH SHOOTER / TEAM**

DETACHMENT / UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

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

COLUMN #1 PRINT FULL NAME... (NO NICKNAMES PERMITTED) (LAST, FIRST MI)

COLUMN #2 LEAGUE ID NUMBER OR ACTIVE DUTY NUMBER... (LAST FOUR OF SS#)

COLUMN #3 SERVICE RIFLE TO BE USED: (Write in Model Weapon i.e. M1, M-14, 03, OPTICS, AR-15)

COLUMN #4 MARK "X" IF 1<sup>ST</sup> TIME SHOOTER

COLUMN #5 DO NOT MARK - OFFICIAL USE ONLY

**TEAM A**

	# 1	# 2	# 3	# 4	# 5
1					
2					
3					
4					
5					

**TEAM B**

	# 1	# 2	# 3	# 4	# 5
1					
2					
3					
4					
5					

**TEAM C**

	# 1	# 2	# 3	# 4	# 5
1					
2					
3					
4					
5					

**TEAM D**

	# 1	# 2	# 3	# 4	# 5
1					
2					
3					
4					
5					

SEE REQUEST FOR ADDITIONAL INFORMATION ON THE NEXT PAGE

**PLEASE PRINT OR TYPE ALL INFORMATION**

WE NEED THE NUMBER OF SHOOTERS FIRING EACH TYPE RIFLE

TYPE: '03 #: TYPE: M-1 #: TYPE: M-14 #: TYPE: M-16/AR-15 #: TYPE: OPTICS #:

NUMBER OF SHOOTERS CAMPING IN THE "GROVE": \_\_\_\_\_

***PLEASE NOTE: ALL SHOOTERS MUST BE A MARINE CORPS  
LEAGUE MEMBER IN GOOD STANDING.***

DEADLINE FOR ENTRY WILL BE POSTMARK OF 21 September 2019

SEND (1) RELEASE FORM, TEAM REGISTRATION FORM AND FEE OF \$30.00 FOR EACH PARTICIPANT AND \$15 FOR EACH ADDITIONAL CLASS.

PAYABLE TO: **MCL OF PA, RIFLE MATCH.**

**TO:**

**Joseph 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 TREATMENT IF THE NEED ARISES, i.e., NAME OF SHOOTER, CONDITION, MEDICATION, HANDICAP CONDITIONS AND NEXT OF KIN TO BE NOTIFIED INCLUDING PHONE NUMBER.

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_