2019 WESTERN MAIN ENTRY FORM

JULY 18-21, 2019

Rotations		1	2	3	4
	Prelim-				
Thursday	12ga	8:30	10:00	11:30	XXXX
Thursday	Dbls	XXXX	xxxx	xxxx	1:00
Thursday	Dbls	2:00	3:00	4:00	XXXX
Friday	12	8:30	9:50	11:10	12:30
Friday	20	1:50	3:10	XXXX	XXXX
Saturday	20	XXXX	XXXX	8:30	9:50
Saturday	28	11:10	12:30	1:50	3:10
Sunday	410	1:00	11:40	10:20	9:00

PRELIM TIME (Pick 2)		_	DC	DOUBLES TIME (Pick			ick :	
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<u>Pre-Registration</u> \$100 Deposit per person required.

No Exceptions. Deposits will not be refunded after June 20, 2019.

Make checks payable to: Stockton Trap & Skeet Club (STSC)

ONLINE REGISTRATION IS AVAILABLE:

https://shooter.myskeet.com/ShooterReg.aspx?nssa_num=155472

To mail registration form with deposit check:

Send to: Ginny Fazer P O Box 7970 Auburn, CA 95604-7970

Confirmation will be made via e-mail ONLY.

For Club and General Information: Stockton Gun Club – 903.931.6803 Ginny Fazer 310.344.4229 fazersts@att.net

For Squadding Questions, Changes or Withdrawals: Ginny Fazer 310.344.4229 <u>fazersts@att.net</u> or Dan Lewis-Cell 415.205. 3387 <u>shotgun.lewis@gmail.com</u>

Additional Programs and Entry Forms available at www.stocktongunclub.com or www.calskeet.com

Complete all contact informat	ion fo	r each s	hoote	er!!
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Complete dil Co	<u>Milaci iniornation for each shoolers</u>
NSSA #	
Name	
Address	
City, State, Zip	
Phone Number(s)	
E-Mail Address	
Choice of Position	1 - 2 - 3 - 4 - 5
NSSA #	
Name	
Address	
City, State, Zip	
Phone Number(s)	
E-Mail Address	
Choice of Position	1 - 2 - 3 - 4 - 5
NSSA #	
Name	
Address	
City, State, Zip	
Phone Number(s)	
E-Mail Address	
Choice of Position	1 - 2 - 3 - 4 - 5
NSSA #	
Name	
Address	
City, State, Zip	
Phone Number(s)	
E-Mail Address	
Choice of Position	1 - 2 - 3 - 4 - 5
NSSA #	
Name	
Address	
City, State, Zip	
Phone Number(s)	
E-Mail Address	
Choice of Position	1-2-3-4-5