2024 Centerfire Registration Form **TOP GUN Program**



Fee
Print Name:
Street Address:
City/State/Zip:
Home Phone: Cell Phone:
E-mail Address:
PTRC Affiliation: () Club Member () Junior Members () Guest
T-Shirt Size: S() M() L() XL() 2XL() 3XL() 4XL()
TOP GUN Discipline: Check all that apply.) Legends/Legacy) Legends/Legacy() Rifleman's Challenge() Legends/Legacy() Legends/LegacySporter ClassBenchrest ClassSporter Class
Firearm's Description:
Make Model Class Caliber Weight
1
2
3
4

I, ______, do hereby declare that I have familiarized myself with the PTRC Range Rules and Procedures, The Centerfire Benchrest League Rifle Rules, and TOP GUN Program Rules and Protocols, I will make every effort to abide and support these Rules. Procedures, and Protocols.

Signature: _____ Date: ___/ __/___