



**THE AMERICAN LEGION
DEPARTMENT OF INDIANA**

**2018 AIR RIFLE CHAMPIONSHIP
MATCH ENTRY FORM**



Date: _____

1. (Team Name) _____, will participate in the Department of Indiana Air Rifle Championship Match on Saturday, March 17, 2018.
2. Our club will fire _____ shooters. (list of shooters MUST be provided on the following page.)
3. Match entry fee is \$10.00 per participant shooter. Match entry fee payment MUST accompany entry form submission. Entry fee payment may be in the form of check or credit card information. **ENTRY FEE PAYMENTS ARE NON-REFUNDABLE AFTER FEBRUARY 23RD 2018!**
4. Payment type (indicate check number or check one of the following as applicable)

Check #: _____ Visa: _____ MasterCard: _____ Discover: _____

NOTE: We do NOT accept American Express

Credit Card Number: _____ Exp. Date: _____

1. Total Match fees being paid? (Number of Shooters X \$10.00): \$ _____

Team Coach/Adult Supervisor Name: _____

Team Point-of-Contact (POC) Name: _____

Team POC Phone Number: _____

Team POC Email Address: _____

MATCH REGISTRATION DEADLINE IS FEBRUARY 23rd, 2018:

Entry form (including list of shooters and payment) should be mailed to:

The Department of Indiana
Attn: Butch Miller
5440 Herbert Lord Road
Indianapolis, IN 46216

If registration is being paid by credit card, you may email your entry form to

bmiller@indianalegion.org.

Or, you can register on line at www.indianalegion.org.



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2018 AIR RIFLE CHAMPIONSHIP

LIST OF SHOOTERS



Team Name: _____

1. _____ Shirt Size: _____
2. _____ Shirt Size: _____
3. _____ Shirt Size: _____
4. _____ Shirt Size: _____
5. _____ Shirt Size: _____
6. _____ Shirt Size: _____
7. _____ Shirt Size: _____
8. _____ Shirt Size: _____
9. _____ Shirt Size: _____
10. _____ Shirt Size: _____
11. _____ Shirt Size: _____
12. _____ Shirt Size: _____
13. _____ Shirt Size: _____
14. _____ Shirt Size: _____

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For more information contact Dept. Program Director Butch Miller, at bmiller@indianalegion.org or (317) 630-1391