

DALLAS GUN CLUB
HODGDON POWDER CO.

SOUTHWEST MINI-CLASSIC

August 23, 2012

*This form, along with a \$50.00 deposit (per shooter) is needed to squad you.
Thanks for your help!!!*

THIS INFORMATION IS NEEDED FOR EACH SQUAD MEMBER SEE BACK FOR ADDITIONAL MEMBERS

Name _____ NSSA# _____ TSSA# _____

Address _____ Email Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Please indicate if a R/V spot is needed: _____

28 & .410 will be shot concurrently.

	<u>Rotations</u>	<u>1</u>	<u>2</u>	<u>3</u>
Thursday	Doubles (100 Targets)	9:00	10:30	12:00
Thursday	28 (50 Targets)	1:30	3:00	4:30
Thursday	.410 (50 Targets)	1:30	3:00	4:30

Please indicate 1st, 2nd, 3rd, and 4th rotation choices: 1 _____ 2 _____ 3 _____

SQUAD ORDER: 1 _____ Deposit Amount _____
2 _____ Deposit Amount _____
3 _____ Deposit Amount _____
4 _____ Deposit Amount _____
5 _____ Deposit Amount _____

If you have any questions or need additional information, contact:

Shoot Chairman Woody Anderson: 214-808-3721 email: wa@heathinternet.net

DGC Office Manager Sherri Walthall: 972-462-0043x12 email: info@dallasgunclub.com

Mail forms to: Dallas Gun Club

PO Box 292848

Lewisville, Texas 75029-2848

Attn: Sherri Walthall

DALLAS GUN CLUB

Southwest Mini Classic

THIS INFORMATION IS NEEDED FOR EACH SQUAD

Name _____ NSSA# _____ TSSA# _____

Address _____ Email Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Please indicate if R/V spot is needed _____

THIS INFORMATION IS NEEDED FOR EACH SQUAD MEMBER

Name _____ NSSA# _____ TSSA# _____

Address _____ Email Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Please indicate if R/V spot is needed _____

THIS INFORMATION IS NEEDED FOR EACH SQUAD MEMBER

Name _____ NSSA# _____ TSSA# _____

Address _____ Email Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Please indicate if R/V spot is needed _____

THIS INFORMATION IS NEEDED FOR EACH SQUAD MEMBER

Name _____ NSSA# _____ TSSA# _____

Address _____ Email Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Please indicate if R/V spot is needed _____