

## Rifle Shoot Team Registration Form for Service and Open

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DETACHMENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 COMMANDANT \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ DATE \_\_\_\_\_

Column No. 1. Print full legal name (No Nick Names)

Column No. 2. MCL ID No. Or Active Duty Serial Number

Column No. 3. Rifle used ( 1903, 1917, M1,M1A, AR-15) ( Open)

Column No. 4. Mark an X if first time Competitor

Column No. 5. Marksmanship Classification HM - High Master / M-Master / E-Expert / S-Sharpshooter / MK-Marksman

COLUMN #1	#2	#3	#4	#5
TEAM A				
1				
2				
3				
4				
5				
TEAM B				
1				
2				
3				
4				
5				
TEAM C				
1				
2				
3				
4				
5				