

## FCGC Pistol Shoot Registration Form

Shooters Name: \_\_\_\_\_

OR

Teammates Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Score 1: \_\_\_\_\_

Score 2: \_\_\_\_\_

Scorekeeper: \_\_\_\_\_

By registration for this pistol shoot I have agreed to follow the Rules & Regulations of the shoot.

I will also accept the decision of the Judges as final. Initial: \_\_\_\_\_