

Team Gostar

Match BPSA 11 06 & 07/12/2008

Squad Registration Form

Club :
 Name :
 Adress :
 City :Code :Country :
 Phone:Fax :

	Name	Club	Division	Factor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Squadding

If 2nd choice not available :

1st choice :

2nd choice :

- | | | |
|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Sat AM | <input type="checkbox"/> Sat AM | <input type="checkbox"/> Reimburse |
| <input type="checkbox"/> Sat PM | <input type="checkbox"/> Sat PM | <input type="checkbox"/> Phone ore fax for another appointment |
| <input type="checkbox"/> Sun AM | <input type="checkbox"/> Sun AM | |
| <input type="checkbox"/> Sun PM | <input type="checkbox"/> Sun PM | |

Squad registration = same time and day = one check

Team Gostar

Match BPSA 11 6 & 7/12/2008

Individual Registration Form

Club :
 Name :
 Adress :
 City :Code :Country :
 Phone:Fax :

DIVISION

Caliber

Class

- | | | |
|-------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Open | <input type="checkbox"/> Major | <input type="checkbox"/> Lady |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Minor | <input type="checkbox"/> Senior |
| <input type="checkbox"/> Modified | | <input type="checkbox"/> S.S |
| <input type="checkbox"/> Production | | |
| <input type="checkbox"/> revolver | | |

If 2nd choice not available :

1st choice :

2nd choice :

- | | | |
|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Sat AM | <input type="checkbox"/> Sat AM | <input type="checkbox"/> Reimburse |
| <input type="checkbox"/> Sat PM | <input type="checkbox"/> Sat PM | <input type="checkbox"/> Phone ore fax for another appointment |
| <input type="checkbox"/> Sun AM | <input type="checkbox"/> Sun AM | |
| <input type="checkbox"/> Sun PM | <input type="checkbox"/> Sun PM | |

I want to be squadded with.....

Reginal director approval.....Shooter signature.....

One shooter=one registration form=one check

Info and mail form/ check to Schamphelaar Dirk Hoogstraat 19
 Account 755-4249708-94 Tel : 09/368.08.86 9260 Schellebelle
 Fax : 09/366.31.49 GSM:0475/85.85.33 E-mail : bpsa@gostars.be