



GROUP SHOOTING WORLD RECORD SUBMISSION FORM

DATE: _____

COMPETITOR NAME: _____

ADDRESS: _____

PHONE: _____

REGION: _____

REGIONAL DIRECTOR: _____

RANGE: _____

MATCH DATE: _____

SUBMITTED FOR WORLD RECORD IN: _____

CLASS: _____ # OF SHOTS: _____

YARDAGE: _____ 100 _____ 300 _____ AGGREGATE

COMMENTS: _____

REFEREES: _____

RANGE OFFICER: _____

NOTE: ALL SUBMISSIONS MUST BE MADE BY THE REGIONAL DIRECTOR.

REGIONAL DIRECTORS: SUBMIT REGISTRATION FORM, TARGETS & BACKERS TO:

Don Creach
5498 NW Browning Drive
Kingston, MO 64650-9127
816 586-9475
dcjcreach@aol.com