



National Bench Rest Shooters Association
Match Registration Form
For all sanctioned bench rest matches



Club Name : _____ Date: _____

Name of Match: _____ Club Address _____

I do hereby release the _____ (Host Club Name) and the National Benchrest Shooters Association along with their officers, directors, officials & staff from any and all claims for liability and damage that may be sustained by me by virtue of my participation in this match, conducted by said club and registered by the National Benchrest Shooters Association. I agree to abide by any and all decisions made by the referees or range officers. I agree to release all of the information on this entry form as well as my results and scores to the National Benchrest Shooters Association for publication.

Signed _____ Date _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone number _____

Emergency Contact Name & Number _____

NBRSA MEMBER NO: _____ ARE YOU A CURRENT NBRSA MEMBER? YES _____ NO _____