



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

_____ 200 _____ SMALL GROUP _____ GRAND AGGREGATE

COMMENTS: _____

REFEREES:

RANGE OFFICER:

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

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

*Bob Scarbrough, Jr.
544 N Buys Rd
Muskegon, MI 49445
231 638-6775
Carbonfiber518@gmail.com*