

IBS Screamer Sticker

Screamer Sticker Application Form

* Required

Name*	<input type="text"/>
E-Mail	<input type="text"/>
Address 1 *	<input type="text"/>
Address 2	<input type="text"/>
City *	<input type="text"/>
State - Zip *	<input type="text"/> <input type="text"/>
Country *	<input type="text"/>
Day Phone	<input type="text"/>
Eve Phone *	<input type="text"/>
Best Time to Call *	<input type="text"/>

Discipline Choices

1. Score	VFS	<input type="checkbox"/>	HUNTER	<input type="checkbox"/>	YARDS	<input type="checkbox"/>	METERS	<input type="checkbox"/>
2. Group	LG	<input type="checkbox"/>	HG	<input type="checkbox"/>	YARDS	<input type="checkbox"/>	METERS	<input type="checkbox"/>
3. 600 Yards	LG	<input type="checkbox"/>	HG	<input type="checkbox"/>	YARDS	<input type="checkbox"/>	METERS	<input type="checkbox"/>
4. 1000 Yards	LG	<input type="checkbox"/>	HG	<input type="checkbox"/>	YARDS	<input type="checkbox"/>	METERS	<input type="checkbox"/>

Details of Qualifying Target

Date Shot	<input type="text"/>
Club	<input type="text"/>
Match #	<input type="text"/>
Relay & Bench #	<input type="text"/>
Score or Group Size	<input type="text"/>

Fill this form out in your browser and print it out. **Send only by U.S. Postal Service to:**

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