IBS Screamer Sticker

Screamer Sticker Application Form

# \* Required

Name\* E-Mail

Address 1 \*

Address 2 City \*

State - Zip \* Country \* Day Phone Eve Phone \*

Best Time to Call \*

# Discipline Choices

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1. Score VFS
2. Group LG
3. 600 Yards LG
4. 1000 Yards LG

# Details of Qualifying Target

Date Shot Club Match #

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Relay & Bench # Score or Group Size

HUNTER HG

HG HG

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YARDS YARDS YARDS YARDS

METERS METERS METERS METERS

Fill this form out in your browser and email a photo of the form to Ron Matetson at mattsonrj357@gmail.com. You can also print it out. **Send only by U.S. Postal Service to:**

**Ron Mattson**

**65 Smithfield Av**

**Meriden, CT 06451**

#  Reset Form