

2022 VSRPA General Practice Worksheet

NAME:	_____
ADDRESS:	_____ _____
CITY:	_____ ST: _____ ZIP: _____
PHONE:	_____
EMAIL:	_____

<p>NAME ALL NON-COMPETITORS THAT MAY ACCOMPANY YOU AND PROVIDE A SIGNED LIABILITY RELEASE FOR EACH.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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VERMONT RESIDENT: Yes No

VSRPA MEMBER? Yes No

	<u>Attending</u>	What Rifle(s) Will You Be Shooting?
Saturday June 11	_____	_____
Saturday June 26	_____	_____
Saturday July 30	_____	_____
Sunday Aug 21	_____	_____

FEES, \$5 for VSRPA Members and Juniors, \$10 for all others..... \$ _____

TOTAL ENCLOSED..... \$ _____

MAIL COMPLETED LIABILITY RELEASE, WORKSHEET AND PAYMENT TO:

VSRPA Practice, 454 South Main Street, Northfield, VT 05663

