



SHOOTER INFORMATION

Please provide shooter information for each shooter and /or team (if applicable)

- *Shooters provide ear & eye protection and 100 rounds of ammo.
 - *Shooters may bring their own ATV. Golf carts available for \$50 each.
- Please reserve your golf cart by 6/10/2019**

TEAM SPONSOR (if applicable)

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #3 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #4 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Bring the day of event or Mail with payment to: **PCCF**
P.O. Box 51523
Amarillo, Texas 79159
Attn: Gary Fields