George Hutcheon Hibernation Airgun Match

Sponsored by Richmond Rod and Gun Club

Date: Saturday-Sunday, November, 6-7,2021

Location: Richmond Rod and Gun Club -7400 River Road Richmond,BC

NAME: (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov/State: \_\_\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SFC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BCTSA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check either PISTOL or RIFLE and CIRCLE ONE CLASSIFICATION

 CLASSIFICATION: (60 SHOT COURSE) PISTOL \_\_\_\_\_\_\_\_ RIFLE \_\_\_\_\_\_\_\_\_

M EX SS MK JR Sub JR Lady Jr. Lady Sub Jr. Lady

Birth Date: Year/Mo/Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Please indicated right or left handed shooter as positions will be assigned**

**Right Handed\_\_\_\_\_or Left Handed\_\_\_\_\_**

**Please indicate if you will need air cylinders topped up before match Yes\_\_\_ No\_\_\_**

**Match registration fee – Canadian $75.00**

**PLEASE REMIT ALL FEES - No later than November 1,2021: *(No Late Entry will be accepted)***

Relay Check Either: A \_\_\_\_ or B \_\_\_\_\_ (**Limited 15 shooters per relay**)

A Relay: Saturday 8:15am & 1:15pm Sunday 8:30am

 B Relay: Saturday 11:00am & 3:30pm Sunday 11:15am

Preparation / Sighting 15 minutes Match time:90 minutes

 **Make Cheques payable to: Richmond Rod and Gun Club- Dated for November 1,2021**

**Return this form together with entry fee and proof of COVID Vacination (Full vaccination is required) to:**

**Tracy Reid, C/O #3-6800 Lynas Lane Richmond BC V7C5E2**

**\*Please note in the event that the match has been cancelled due to Provincial Health Concerns you will be notified by email and your payment will be returned to you\***

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Date Rec’d. \_\_\_\_\_\_\_\_\_\_\_ Payment $ \_\_\_\_\_\_\_\_\_ Relay \_\_\_\_\_\_\_ Comp# \_\_\_\_\_\_\_\_