



BATTLE OF THE GUN CLUBS 2016 and 4th PSA Challenge

PSMOC Sanctioned Match

November 17-20, 2016

INDIVIDUAL REGISTRATION FORM

Family Name First Name MI

Date of Birth Email Address Mobile Number

Address:

No. Street Barangay Town/City/Province

FEO registered Gun Club / Private Security Service Provider (PSA, PDA, CSF) / AFP Unit, PNP Unit and other Gov't Law Enforcement Agency:

Team Member: Yes ____ No ____ Shooting as Individual Shooter: Yes ____ No ____

DIVISION

CATEGORY

____ Stock Hi-Cap

____ Junior

____ Double Action/Striker Fired

____ Lady

____ Unlimited

____ Senior

____ Single Stack

____ Super Senior

____ Revolver

____ Lawman

____ Limited 10

____ Match Officer

Chrono Factor: ____ Full Load ____ Minimum Load

Firearm Details:

Kind Make Model Serial Number License No. Exp. Date

WAIVER

I, the undersigned whose name appears at the top of this form hereby declare that I am participating in this shooting competition of my own free will and entirely at my own risk. I, and on behalf of my heirs and assigns certify that I/we agree to release and hold harmless Philippine Shooters and Match Officers Confederation, Inc. (PSMOC) and the Match Officers Organization (MOO), the members and officers of the PSMOC and MOO, match organizers and officials, and everyone involved in the organization and management of the Battle of the Gun Clubs 2016 and 4th PSA Challenge from any injuries that I or any of my companions may suffer during the competition including death.

Competitor's Signature

Parent's Signature if under 18 years old