



BATTLE OF THE GUN CLUBS 2016

and

4th PSA CHALLENGE (2016)

PSMOC Sanctioned Match

November 17-20, 2016

TEAM REGISTRATION FORM

FEO Registered Gun Club / PSSP / AFP Unit / PNP Unit / LEA:

The following are the official Team Members of our Gun Club / Private Security Service Provider (PSA/PDA/CSF) / AFP Unit / PNP Unit / Law Enforcement Agency:

	Family Name	First Name	Middle Name
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

DIVISION (For Battle of the Gun Clubs 2016 participants only)

_____ Stock Hi-Cap

_____ Single Stack

_____ Double Action/Striker Fired

_____ Revolver

_____ Unlimited

_____ Limited 10

I hereby certify that all the Team Members listed above are bona fide members / employees of ours and that we already paid the required Team Registration Fee. Attached herewith is the Bank Receipt.

Printed Name and Signature of President / Officer / Authorized Representative

Date

Note: Please attached the filled-up Individual Registration of Team Members

(This document can be reproduced)