

SHOOTER NUMBER

PSMOC

PHILIPPINE SHOOTERS AND MATCH OFFICERS CONFEDERATION



REGISTRATION FORM

Family Name

First Name

MI

PSMOC ID No.

Date of Birth

Email Address

Mobile Number

Address:

No. Street Barangay Town/City/Province State Country

Gun Club

MATCH: HANDGUN PRACTICAL RIFLE (PRR) PISTOL CALIBER CARBINE (PCC) SHOTGUN 3GUN

<input type="checkbox"/> Stock Hi-Cap <input type="checkbox"/> Double Action/Striker Fired <input type="checkbox"/> Limited 10 <input type="checkbox"/> Unlimited <input type="checkbox"/> Single Stack	<input type="checkbox"/> Classic .45 <input type="checkbox"/> Revolver <input type="checkbox"/> Carry Optics <input type="checkbox"/> Carry Optics Light	<input type="checkbox"/> PCC Unlimited <input type="checkbox"/> PCC Limited <input type="checkbox"/> PCC Short Barreled <input type="checkbox"/> PCC Pistol Conversion Kit/Micro	<input type="checkbox"/> SG Unlimited <input type="checkbox"/> SG Limited <input type="checkbox"/> SG Pump <input type="checkbox"/> PRR Unlimited <input type="checkbox"/> PRR Limited <input type="checkbox"/> 3Gun Unlimited <input type="checkbox"/> 3Gun Limited
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CATEGORY

SUPER JUNIOR
 JUNIOR
 LADY
 SENIOR
 SUPER SENIOR
 LAWMAN/NALECC
 MATCH OFFICER

Firearm Details:

Kind	Make	Model	Serial Number	Caliber	License No.	Exp. Date
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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 fully understand that if I am competing in the Short Barreled PCC and Pistol Conversion Kit/Micro PCC divisions, no part of my hand should go beyond the required hand stop on the handguard or muzzle of the firearm. 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 Match from any injuries that I may suffer during the competition including death.

Competitor's Signature

Parent's Signature if under 18 years old

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MI

PSMOC ID No.

Date of Birth

Email Address

Mobile Number

Address:

No. Street Barangay Town/City/Province State Country

Gun Club

MATCH: 2GUN MATCH

<input type="checkbox"/> 2GUN Unlimited:	<input type="checkbox"/> HG + PRR	<input type="checkbox"/> 2GUN Limited:	<input type="checkbox"/> HG + PRR
	<input type="checkbox"/> HG + SG		<input type="checkbox"/> HG + SG
	<input type="checkbox"/> HG + PCC		<input type="checkbox"/> HG + PCC

CATEGORY

<input type="checkbox"/> JUNIOR	<input type="checkbox"/> LADY	<input type="checkbox"/> SENIOR	<input type="checkbox"/> SUPER SENIOR	<input type="checkbox"/> LAWMAN/NALECC	<input type="checkbox"/> MATCH OFFICER
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Firearm Details:

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MATCH: 2GUN MATCH

<input type="checkbox"/> 2GUN Unlimited:	<input type="checkbox"/> HG + PRR	<input type="checkbox"/> 2GUN Limited:	<input type="checkbox"/> HG + PRR
	<input type="checkbox"/> HG + SG		<input type="checkbox"/> HG + SG
	<input type="checkbox"/> HG + PCC		<input type="checkbox"/> HG + PCC

CATEGORY

<input type="checkbox"/> JUNIOR	<input type="checkbox"/> LADY	<input type="checkbox"/> SENIOR	<input type="checkbox"/> SUPER SENIOR	<input type="checkbox"/> LAWMAN/NALECC	<input type="checkbox"/> MATCH OFFICER
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