

# 2022 VIRGINIA STATE SKEET CHAMPIONSHIPS PRE-REGISTRATION

September 8-11, 2022

Deposit checks payable to VSSA - \$37 Per Shooter (\$30 for juniors/sub-juniors)

Send complete pre-registration form and deposit check(s) to:

Tonda Finney, 3340 Yorkshire Dr., Sandy Level, VA 24161

**EARLY REGISTRATIONS – Deadline: Monday, August 15.** Mail or deliver completed pre-registration form to **ARRIVE NO LATER than this deadline.** A drawing for rotation assignments will be held if requests exceed available rotations.

**LATE REGISTRATIONS – Deadline: Wednesday, August 24** received (with deposit checks) will be assigned/confirmed to available slots.

<b>ROTATION PREFERENCES</b> <i>(for shooter, shooters or squad below)</i>		<b>12 Gauge Prelim. Event</b> <small>check time preference</small>	<b>DOUBLES Event 1</b> <small>(If you are shooting this event, rank time preferences - 1, 2, 3)</small>	<b>GUNS Events 2-5</b> <small>(circle the guns you are shooting)</small>
<b>Rotation Choices:</b> 1 <sup>st</sup> _____    2 <sup>nd</sup> _____    3 <sup>rd</sup> _____ <small>If signing up as a single or on a short squad (circle) <b>your preferred shooting position(s):</b></small> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>				
<b>Shooter Pos 1</b>	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee?    Yes___ No___	THU ___ 10:30 ___ 12:00	___ THU, 1:30 ___ THU, 3:00 ___ FRI, 4:30	28 20 12 410
<b>Shooter Pos 2</b>	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee?    Yes___ No___	THU ___ 10:30 ___ 12:00	___ THU, 1:30 ___ THU, 3:00 ___ FRI, 4:30	28 20 12 410
<b>Shooter Pos 3</b>	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee?    Yes___ No___	THU ___ 10:30 ___ 12:00	___ THU, 1:30 ___ THU, 3:00 ___ FRI, 4:30	28 20 12 410
<b>Shooter Pos 4</b>	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee?    Yes___ No___	THU ___ 10:30 ___ 12:00	___ THU, 1:30 ___ THU, 3:00 ___ FRI, 4:30	28 20 12 410
<b>Shooter Pos 5</b>	Name: _____ NSSA# _____ Phone: (____) _____ Email: _____ Gun Club for awards delivery: _____ Are you a licensed or experienced referee?    Yes___ No___	THU ___ 10:30 ___ 12:00	___ THU, 1:30 ___ THU, 3:00 ___ FRI, 4:30	28 20 12 410

Comments or Special Notes: \_\_\_\_\_

\_\_\_\_\_

# WANT TO REFEREE?

Contact Mark Parker. (See Instructions – Item #7)

## NEW ADDRESS FORM

Complete **ONLY** if you have a **NEW** address (different from NSSA).

Name: \_\_\_\_\_ NSSA #: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Name: \_\_\_\_\_ NSSA #: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Name: \_\_\_\_\_ NSSA #: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Name: \_\_\_\_\_ NSSA #: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Name: \_\_\_\_\_ NSSA #: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_