



**BENCH REST SHOOTERS CANADA
RECORD SUBMISSION FORM**

COMPETITOR CONTACT INFORMATION

NAME: _____
ADDRESS: _____ **CITY:** _____
ADDRESS: _____
PROVINCE: _____ **POSTAL CODE:** _____
E-MAIL: _____ **PHONE:** _____

MATCH INFO

RANGE: _____ **DATE OF MATCH:** _____
SCORER: _____ **PHONE:** _____
MATCH DIRECTOR: _____ **PHONE:** _____
MOVING BACKER: Yes No **SCALE:** Yes No

SUBMISSION FOR RECORD IN

CANADIAN **CANADIAN INTERNATIONAL**
CLASS: _____ **NO SHOTS:** _____
YARDAGE: _____
SMALL GRP: **2 GUN:**
AGGREGATE: **3 GUN:**
GR AGGREGATE:

SUBMITTED BY

Name: _____ **Signed:** _____

SUBMIT TARGETS, FORM & MATCH REPORT TO

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