

SLOUGHHOUSE 600
NBRSA 600 Yard National Championship
Folsom Shooting Club
Sacramento, California
April 25, 26, 27, 2008

Name _____ NRA # _____

Address _____ NBRSA# _____ **(REQUIRED)**

_____ Phone# _____

_____ e-mail _____

Please Complete ALL requested information as you would like it to appear in the match results.

Light Gun- Make of action:

Gunsmith:

Stock make/model: _____ Barrel: _____ Trigger: _____

Caliber: _____ Powder: _____ Load: _____ Primer: _____

Bullet: _____ Rifle Weight: _____ Scope - power/make: _____

Heavy Gun- Make of action:

Gunsmith:

Stock make/model: _____ Barrel: _____ Trigger: _____

Caliber: _____ Powder: _____ Load: _____ Primer: _____

Bullet: _____ Rifle Weight: _____ Scope power/make: _____

Entry Fees,	Light class	Until March 31st \$60.00	<input type="text"/>	After March 31st \$65.00	<input type="text"/>
	Heavy class	Until March 31st \$60.00	<input type="text"/>	After March 31st \$65.00	<input type="text"/>
		Total _____		Total _____	

Make Checks payable to:

Folsom Shooting Club
38868 Co. Rd.18
Woodland, CA 95695

National Benchrest Shooters Association Waiver and release of Liability Contract
The NBRSA is a non-profit organization dedicated to the advancement of the Shooting Sports

I _____ at my own request and voluntarily make payment of match fees. I Request and wish to participate in this competition hosted by the NBRSA.

I have been advised of the rules of competition and my responsibilities during the match. I am fully aware of the risks of my Shooting sport or competition in that an accident could cause Injury and/or death and agree under this contract to accept the risk and responsibilities of any said injury or death I am fully aware that I am attending a **LIVE FIRE** match and therefore understand the risks and inherent danger and possibility of injury and/or death. By signing this contract I fully agree to release the NBRSA and all officers, agents and representatives of the NBRSA from any type of legal action or suit by myself or my family in case of my injury or death.

Shooter _____ Date _____

Match Location _____ Date _____

Witness _____ Date _____