

TWI NIGHT TRAP LEAGUE REGISTRATION

2024 SEASON

PLEASE PRINT LEGIBLY

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CLUB: _____

DATE OF BIRTH: _____ AGE: _____

PHONE: _____

E-MAIL: _____

CATEGORY: BASED ON AGE AS OF THE 10TH SHOOT HELD ON
MAY 23, 2024

Categories:

SENIOR VET, AGE 66 AND UP _____

JUNIOR VET, AGE 60 TO 65 _____

JUNIORS, AGE 15 TO 17 _____

SUB JUNIOR, AGE 14 AND UNDER _____

LADY _____

HUSBAND & WIFE _____ SPOUSE _____

PARENT & CHILD _____ CHILD'S NAME _____

(CHILD MUST BE A SUB-JUNIOR OR JUNIOR SHOOTER)
