

# 2020 GASTONIA SNIPER CONFERENCE REGISTRATION FORM

**DEADLINE:**  
**OCTOBER 15, 2020**

FIRST & LAST NAMES : \_\_\_\_\_

AGENCY/DEPARTMENT: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

T-SHIRT SIZES: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

E-MAILS: \_\_\_\_\_

I WILL BE ATTENDING:

**EVENTS**

- ☐ Class- FREE
- ☐ Competition- \$400 per team
- ☐ Awards Dinner FREE
- ☐ Extra Tickets for Awards Dinner (\$10 Each)

All registration forms must be accompanied with your signed and notarized Release & Assumption of Risk forms and Payment. All checks and money orders should be made payable to Sniper Conference Consultants and mailed to the below address. The team registration fee includes two competitors and one alternate (optional). All Alternates must complete the registration forms and liability waiver. There is no charge for observers unless they will be attending the awards banquet. This can be paid at the door.

MAIL TO: Sniper Conference Consultants  
PO Box 551085  
Gastonia, NC 28055

We thank you for your agency's entry. We are sure that the experiences and challenges you will face throughout this conference will create valuable training to use in future situations.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_