

## GEIGER MEMORIAL PISTOL MATCH REGISTRATION FORM

DATE: 13 SEPTEMBER 2025

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PISTOL MODEL \_\_\_\_\_ CAL \_\_\_\_\_ IRON SIGHTS ONLY

MCL Detachment (IF ANY) \_\_\_\_\_

LOCATION: \_\_\_\_\_

FIRST TIME COMPETITOR [YES] ☐ [NO] ☐

\$20 Donation paid via Zeffy \_\_\_\_\_ Match Administrator Signature \_\_\_\_\_

**Fill out the form and email it to: [ghcater@gmail.com](mailto:ghcater@gmail.com)**