



BPTRA RECORD FORM

MATCH INFORMATION

MATCH NAME: _____
CLUB: _____
COURSE OF FIRE: _____ DATE: _____
COMPETITOR
NAME: _____

RECORD INFORMATION

RECORD SET: _____
CATEGORY: _____
SCORE/POSSIBLE: _____

Competitor
Signature: _____

Match Director: _____

Date: _____

Return completed form to competitions@bptra.org

