



BPTRA MATCH APPROVAL FORM

MATCH INFORMATION

MATCH
NAME: _____

CLUB: _____

MATCH
DIRECTOR: _____ PHONE# _____

EMAIL _____

COURSES OF FIRE

MATCH 1 _____

MATCH 2 _____

MATCH 3 _____

MATCH 4 _____

Match Approval: _____
Robert Garibay, BPTRA Director

Date: _____

Return completed form to competitions@bptra.org

