

# ABRA Club Registration Form

Match Directors Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ email address: \_\_\_\_\_

Name of Club: \_\_\_\_\_

Club Address: \_\_\_\_\_

Club GPS Coordinates: \_\_\_\_\_

Number of Benches: \_\_\_\_\_

Club Shooting Date	# of Targets	Rifle Class	State/Club Match	Start Time

Please Mail A Check or Money Order for \$20.00 along with completed form to:

ABRA  
505 Redwing Drive  
Bandera, Texas 78003  
830-796-0815