

Wisconsin Firearm Owners, Ranges, Clubs, and Educators State Tournament Reporting Form

PLEASE PRINT

Match Date: _____

Match Title: _____

Location: _____

Discipline: _____

(Example: High Power, Bullseye Pistol etc.)

Match Director: _____

State Champion: _____

Score: _____

No. of Competitors: _____

Sanction Fee

Total Due

X

\$ 4.00

=

Make Checks payable to "WRPA"

Person Submitting this Form

Name: _____

Address: _____

City, State Zip: _____

Phone: () _____

Send completed form and payment (within 30 days of match completion) to:

Wi-FORCE

PO Box 808

Kenosha, WI 53140