



June 24, 2017

Kettlefoot Rod & Gun Club
Bristol, VA

2017 VIRGINIA STATE IDPA CHAMPIONSHIP

This entry form must be completed in its entirety. Please type in the text fields and print the form, or write legibly. Competitors must be a current IDPA member with a valid classification in their division on match day to participate in this match.

Name; _____

Address; _____

City, State, Zip; _____

Phone number with area code; _____

Email address; _____ IDPA Number _____

Handgun make, model and caliber _____

Acknowledgements will go out via email, so please include it!

- | Division | Class | Subcategory (check as applies) | |
|------------------------------|-----------------------------|---|--|
| <input type="checkbox"/> SSP | <input type="checkbox"/> MA | <input type="checkbox"/> Active military | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> ESP | <input type="checkbox"/> EX | <input type="checkbox"/> Distinguished Senior (65 & up) | <input type="checkbox"/> Media |
| <input type="checkbox"/> CDP | <input type="checkbox"/> SS | <input type="checkbox"/> Junior (12-18) | <input type="checkbox"/> Senior (50-64) |
| <input type="checkbox"/> CCP | <input type="checkbox"/> MM | <input type="checkbox"/> Industry | <input type="checkbox"/> Lady |
| <input type="checkbox"/> REV | <input type="checkbox"/> NV | <input type="checkbox"/> Veteran | |
| <input type="checkbox"/> BUG | | | |

Entry fee is \$100.00. No refunds after June 6.

All shooters registered by June 15th are eligible for random prize table drawing!

Match T-shirts can be ordered for \$10.00 each _____

T-Shirt size available: SM MED LG XL 2XL 3XL

To order shirts indicate number (_____) and size(s) (_____) @\$10= _____

Total amount paid _____

TYPE OF PAYMENT Cash, check, MasterCard, Visa, Discover, American Express.

Make checks payable to: Kettlefoot IDPA.

Hand deliver, fax, or mail to: **Kettlefoot IDPA, c/o Mark Riehl**

2012 W State St, Bristol, TN 37620.

Voice (423) 764-2428 Fax (423) 764-9070



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MCard Visa Disc AmEx Name on card _____

Credit card number _____ Exp _ _____

Signature _____ CID _____

For additional information visit <http://www.animalmedclinic.com/188211.html>

or contact Mark Riehl (Match Director) at Meraub@aol.com

SHOOTERS NEW TO KRGC MUST COMPLETE A SIGNED WAIVER AT MATCH