

NATIONAL MARINE CORPS LEAGUE POSTAL RIFLE MATCH

SHOOTER / TEAM - SERVICE/OPTICS/.22 CAL MATCH

DETACHMENT/UNIT: _____ **DATE:** _____

TEAM CAPTAIN: _____ **PHONE:** _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TEAM E-MAIL ADDRESS: _____

COLUMN #1 PRINT FULL NAME... (NO NICKNAMES PERMITTED) (LAST, FIRST MI)

COLUMN #2 MCL MEMBERSHIP NUMBER *

COLUMN #3 1903 SPRINGFIELD, M-1 GARAND, M-14, M-16, OR AR-15 ALL IRON SIGHTS
 FOR SERVICE MATCH

ANY SERVICE RIFLE W/4 X SCOPE OR SET ON 4 X FOR OPTICS MATCH

.22 CAL FOR .22 CALIBER MATCH (.22 CALIBER RIMFIRE IRON SIGHTS ONLY)

COLUMN #4 MARK "X" IF 1ST TIME SHOOTER

COLUMN #5 INDIVIDUAL SHOOTER E-MAIL ADDRESS



TEAM A	1	2	3	4	5
1					
2					
3					
4					
5					

TEAM B	1	2	3	4	5
1					
2					
3					
4					
5					

TEAM C	1	2	3	4	5
1					
2					
3					
4					
5					

TEAM D	1	2	3	4	5
1					
2					
3					
4					
5					

* If a New Member is without a Membership Number place 99999 in Column 2