

ENTRY

**2024 WESTERN SB OPEN SIGHTS SPORTING RIFLE
CHAMPIONSHIP**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

E-MAIL: _____

Please write or print legibly

CLASSIFICATION: (circle one) Master AAA AA A B
Unclassified

MATCH FEE: \$100 CHECK OR MONEY ORDER ONLY

SQUAD ME WITH: _____

MAIL ENTRIES TO: JOSE ANTONIO TELLO
11221 CHURCHILL DR.
RIVERSIDE, CA 92503

E-MAIL: tony.tello@gmail.com

MAKE CHECKS PAYABLE TO: JOSE ANTONIO TELLO
