

ISSA State Championship August 19-21, 2022

Pre-Registration Form

Squads must submit their registration form and deposits in a single mailing. Advance deposit of \$50 per shooter is required. Checks should be payable to: St Joe Valley CC or SJVCC

St Joe Valley CC
PO Box 60
Auburn IN 46785

Address all other Inquiries to:
Bruce Christian - 260-638-4128
Lynn Kaiser kaiserlynn77@gmail.com

| Doubles | Fri. @ 3:00 | Fri. @ 4:15 | |
|---------------------|-------------|-------------|--|
| Dbls. Choice | | | |
| Rotation | #1 | #2 | |
| 12ga. Sat. | 9:30 | 11:00 | |
| 20ga. Sat. | 1:30 | 3:00 | |
| 28ga. Sun. | 11:00 | 9:30 | |
| .410 Sun. | 3:00 | 1:30 | |
| Rot. Choice | | | |

Rotation Preference: 1st ____ 2nd ____ Doubles Time: _____, Position Preference: _____

Name: _____ NSSA # _____ Telephone: _____

Address: _____ City: _____ ST _____ Zip: _____

E-mail: _____ Deposit Amt: \$ _____ Check # _____

Rotation Preference: 1st ____ 2nd ____ Doubles Time: _____, Position Preference: _____

Name: _____ NSSA # _____ Telephone: _____

Address: _____ City: _____ ST _____ Zip: _____

E-mail: _____ Deposit Amt: \$ _____ Check # _____

Rotation Preference: 1st ____ 2nd ____ Doubles Time: _____, Position Preference: _____

Name: _____ NSSA # _____ Telephone: _____

Address: _____ City: _____ ST _____ Zip: _____

E-mail: _____ Deposit Amt: \$ _____ Check # _____

Rotation Preference: 1st ____ 2nd ____ Doubles Time: _____, Position Preference: _____

Name: _____ NSSA # _____ Telephone: _____

Address: _____ City: _____ ST _____ Zip: _____

E-mail: _____ Deposit Amt: \$ _____ Check # _____

Rotation Preference: 1st ____ 2nd ____ Doubles Time: _____, Position Preference: _____

Name: _____ NSSA # _____ Telephone: _____

Address: _____ City: _____ ST _____ Zip: _____

E-mail: _____ Deposit Amt: \$ _____ Check # _____

Please email Lynn Kaiser kaiserlynn77@gmail.com for camping reservation \$30 per night.