TUSCO RIFLE CLUB MATCH SCHEDULING INFORMATION:

NAME OF SHOOTING MATCH: _____

MATCH DIRECTOR'S CONTACT INFORMATION:

Name: _____
Phone Number: _____
E-Mail Address (If Available): _____

ALTERNATE MATCH CONTACT INFORMATION:

Name: _____
Phone Number: _____
E-Mail Address (If Available): _____

INTERNET LINK TO MATCH INFORMATION (If Available):

_____

PROPOSED DATES FOR MATCH:

DATE:	PROPOSED RANGES TO BE USED FOR THE MATCH:	MATCH TIMES: (Include Set-up and Clean-up Times)

DATE MATCH SCHEDULING FORM WAS PRINTED: 4/2/2008