

# Runzel Brothers Spring Shoot

Are you registering to be part of an established 5-person team? **YES** **NO** (Individual registrants will be assigned a team)

**TEAM** (if applicable):

Name:

Email Address:

Phone:

Address:

City:

State:

Zip Code:

CHOOSE ONE PLEASE:

**Ammo Preference: 12 gauge 20 gauge NOT AVAILABLE - PLEASE BRING YOUR OWN**

Name:

Email Address:

Phone:

Address:

City:

State:

Zip Code:

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