

2026 Registration Form

Centerfire Benchrest League



Print Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PTRC Affiliation: () Member () Junior Member () Guest

Class: () Factory () Modified () Benchrest () Air Rifle

Rifle:

Make: _____ Model: _____ Class: _____ Caliber: _____ Weight: _____

Make: _____ Model: _____ Class: _____ Caliber: _____ Weight: _____

I, _____ do hereby declare that I have familiarized myself with the PTRC Range Rules and Procedures, the Centerfire Benchrest League Rifle rules. Further, I will make every effort to abide and support these Rules, Procedures and Protocols.

Signature: _____

Date: _____