



Silver Marksman Club Application

Last Name **First Name**

E-mail Address

Team/School City
State/Province
Country

Age Group:

- Over 20
- 16 to 19
- 12 to 15
- Under 12

Confirmation

I HAVE SUCCESSFULLY MADE 50+ CONSECUTIVE THREE THROWS

Date (mm/dd/yy)

Location

- Team Practice Game Competition Individual Practice

Gender:

- Male
- Female

Attested By

Name

Email Address:

I am fully aware of the honor system is in effect.

NOTE: Selecting the SUBMIT button will produce an e-mail that you may need to send using your e-mail program.

If you encounter emailing problems, print out completed application and fax to: (425) 562-7228