S.S.A.A. –VIC– LITTLE RIVER RAIDERS SINGLE ACTION SHOOTING CLUB
AWAY MATCH/PRACTICE PARTICIPATION RECORD

Licence Number	Name on Licence	Address on Licence	Licence Expiry	Principal Club	Membership Expiry	Other Club Memberships
			/ /	Little River Raiders	30/6/_____	

Date	Time Start/ end 24hr format	Competitive Approved Match or Shoot	Approved Club/ Approved Range Name	Event Number as per Schedule	Event Name as per Schedule	Handgun/s Used (Serial No. or Police Reference No.)		Handgun Class 1, 2, 3, 4	Competitor, Supervisor, Judge, R.O.	Match/ Shoot Supervisor Name	Supervisor Signature	Supervisor Licence No.