Match Registration Form for Team Captains

HG Level II 2026 - CTM Wavre - September 4 - 5 - 6

Club : **Team Captain + Tel :**

N°	Name	Prior (Yes/No)	Division Factor	Category	Phone n°	First Whish Day + am or pm	Second Whish Day + am or pm
	Joe Smith	*No*	*O -*	*SS*	*0477/69 70 71*	*Friday pm*	*Sunday am*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

The following shooters **DRIVE** together : _____

_____

_____

This sum will be transferred to the CTMC bank account before 20/8/2025 : _____