



Smoking Barrels' Regional Stand Off 2015

Barbados / August: 21st - 23rd / 12 Stages

Registration Form

Region:	Full Name:
Date of Birth:	Gender: Male () Female ()
Telephone:	Email:
Passport#:	Expires:

Division: Open () Production () Standard ()	Category: Senior () Super Senior () Lady () Junior ()
Alias:	Power Factor: Major () Minor ()
Gun Make/Model:	S/N
Gun Make/Model:	S/N
Gun Make/Model:	S/N
Arrival Date:	Flight #
Departure Date:	Flight #
Hotel:	Team:

Credit card Payment Authorization :

VISA/MASTERCARD # _____

Exp. Date : _____ / _____

CDC code : _____ (this is the 3 or 4 digit no. located on back of your card)

Name of Card Holder : _____

Total Amount US\$: _____

I hereby authorize Kevin Grant to charge my credit card for the above amount.

Signature of Cardholder : _____

Entry fee Subtotal: US\$: _____

Ammunition Subtotal: US\$: _____

GRAND TOTAL: US\$: _____

Please fill out accordingly and return to us by e-mail. E-mail: KevinGrant26@gmail.com Web: www.smokingbarrelsdcv.com