

REGISTRATION FORM  
MID-ATLANTIC PRECISION RIFLE CHALLENGE  
September 23 – 27, 2019

AGENCY \_\_\_\_\_

COMPETITOR'S NAME & SHIRT SIZE: 1) \_\_\_\_\_

COMPETITOR'S NAME & SHIRT SIZE: 2) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

AGENCY TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

COMPETITOR #1

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

COMPETITOR #2

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

\*\*Entries may be mailed with a \$150.00 check or money order per team, made payable to Chesterfield County Police Foundation, no later than August 10, 2019. In the memo section, please write "SWAT."

All registration forms must be accompanied with your signed Release & Assumption of Risk Form and payment. All check and money orders should be made payable to Chesterfield County Police Foundation and mailed to the below address. The team registration fee includes two competitors and one alternate (optional). All alternates must complete registration forms and liability waiver.

Checks Mailed To:

Chesterfield County Police Department

ATTN: Corporal Jeff Godsey

P.O. Box 148

Chesterfield, VA 23832

QUESTIONS CAN BE DIRECTED TO CORPORAL JEFF GODSEY: 804-706-2764 or  
[godseyj@chesterfield.gov](mailto:godseyj@chesterfield.gov).

We thank you for your agency's entry. We are confident that the experiences and challenges your team will face through-out this conference will create valuable training to use in future situations.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_