

LAKE COUNTY IDPA

First Time Shooter/Info Update Form (Please print clearly)

(LAST) (FIRST) (M.I.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(XXX) XXX-XXXX (CIRCLE ONE)

PHONE: _____ (HOME / CELL) EMAIL: _____

EGC MBR #: _____ IDPA # _____ EXP. DATE: _____

(CIRCLE EACH ONE THAT YOU WILL BE SHOOTING THIS MATCH AND INDICATE CLASSIFICATION BELOW IT)

DIVISIONS: SSP ESP CDP ESR SSR BUG

CLASSIFICATION:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SPECIAL CATEGORIES: (CIRCLE ALL THAT APPLY TO YOU)

INDUSTRIAL LAW ENFORCEMENT PRESS MILITARY (VETERAN) MILITARY (ACTIVE DUTY)

LADY SENIOR (50-64) DISTINGUISHED SENIOR (65+) JUNIOR (12-18) STAFF

FIRST TIME SHOOTER UPDATE INFO
