

Greater Houston Gun Club
Best of Texas

THIS INFORMATION IS NEEDED FOR EACH SQUAD MEMBER SEE

Name _____ NSSA# _____ TSSA# _____
Address _____ Email Address _____
City _____ State _____ Zip _____
Phone (Home) _____ Phone (Work) _____

Concurrent(s): _____

Please indicate if R/V space is needed: 30amp _____ 50amp _____

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