

Alvin C. York Memorial Shoot

March 28, 2026

**Please print it legibly and fill out the form completely.
One competitor per form, make copies if necessary.**

Circle one: Adult / Youth

Ignition: F / P

Name: _____

Address: _____

Phone: _____

Email: _____

Insert your check for \$40.00 per competitor (\$45.00 after the Pre-registration per competitor
after the Cutoff Date of **March 12, 2026**

Make check payable to **Alvin C York Memorial Shoot**

Mail to:

Alvin C York Memorial Shoot

C/O Londean Warner

2223 North Fort Wayne Road

Rushville, IN 46173

Pre-registrations must be received at the above address no later than **March 12, 2026**

Registrations are nonrefundable. **Thank you**

Signature: _____

Relationship: _____

Of adult or authorized guardian in the event of a person under 18 years of age.

By your signature on this document you agree, to hold the State of Tennessee, Alvin York shoot and their agents and representatives harmless in the event of loss of any kind. As per State of Tennessee, law.