



Ready, Set, Pull! Youth Shooting Program Sign Up Form

Team Name _____

School/Organization Name _____

Coach/Contact Person _____

Daytime Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

How many youth shooters represent your team? _____

Which youth shooting organization(s) are you a part of _____

Return form via mail, fax or email.
Upon approval, you will receive an email
containing program information, pricing,
and login information for your team
account on the Gamaliel.com website.

**1497 Fountain Run Road
PO Box 240
Gamaliel, Ky 42140
800-356-6230
Fax: 270-457-3974
Dillon.Barnes@Gamaliel.com**