Wondershare PDFelement

2026 VCTA Affiliated Clubs Shooting Programs Form

CLUB NAME:		
Secretary's Name:		
Secretary's Address:		
		Phone:
Club Location:		
Email Address:		*Total of Books:*
2026 SHOOT PROGRAM		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		

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2026 VCTA Affiliated Clubs Shooting Programs Form

Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		

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Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		
Month:		
Day:	Date:	Time:
Events:		

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Please return this form to: secretary@vcta.com.au