

SINGLE SHOOTER (Use Area "A." only)

Please let us know if you are on a specific team or if you need to be assigned to a team.

TEAM REGISTRATION— Use Area A for Team Captain and Use Area B for Team Members. Please make sure you have a Team Captain assigned for your team and make sure all the Team Captain information is filled out in Area A.

A. **Single Shooter** **Team Captain**

Name: _____

Address: _____

Hm. Phone: _____ Cell: _____

Email: _____ Under 18 (must have guardian present)

Team/Sponsor Name: _____

Donation per contestant: \$100.00

Amount enclosed: _____

All registration fees need to be prepaid by April 14, 2012.

B. Team Roster

Team/Sponsor Name: _____

Team Captain Name: _____

Team Members Names and Phone #

1. Name(Captain): _____ Phone #: _____ Paid: Y N

2. Name: _____ Phone #: _____ Paid: Y N

3. Name: _____ Phone #: _____ Paid: Y N

4. Name: _____ Phone #: _____ Paid: Y N

5. Name: _____ Phone #: _____ Paid: Y N

THIRD ANNUAL SPORTING CLAYS EVENT

Saturday, April 28, 2012 • Shreveport Gun Club, 4435 Meriwether Rd, Shreveport, LA

Make checks payable to: Samaritan Counseling Center

Mail this form with registration fees by April 14, 2012 to:

Samaritan Counseling Center
1525 Stephens Street
Shreveport, LA 71101

