



# 7th Annual SPORTING CLAY TOURNAMENT

**SATURDAY, OCTOBER 3**

Shawnee Skies Shooting Complex & Training Center | 11245 S. 705 Rd, Wyandotte, OK

**Registration: 7:00 am | Safety Meeting: 8:15 am | Start time: 8:30 am**

Awards and lunch to follow completion of course.

Send payment and registration forms to 931 E. 32nd St., Joplin, MO 64804 (Fax: 417.347.9474). For more information, call 417.347.7474.

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

- I do not have teammates; please place me on a team.
- I have a 4-person team or teammates. (Please list names of your team's participants below.)

Team name (optional): \_\_\_\_\_

1. Myself \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

- I am only paying for myself. (\$90 per person until September 30. \$100 per person on event day.)
- I am paying for myself and teammates. (\$90 per person until September 30. \$100 per person on event day.)
- My fee was paid for by \_\_\_\_\_.

**REGISTRATION ADD-ONS**

- I need extra lunch ticket(s) @ \$15 each.

Number of additional lunches \_\_\_\_\_ Total due \$ \_\_\_\_\_

**SELECT PAYMENT METHOD**

- Cash     Check (Make checks payable to Freeman Development Office) Check # \_\_\_\_\_
- Visa     MasterCard     Discover

Name on card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Authorized signature \_\_\_\_\_