

Register your team

Register as a 5-person team or as an individual participant

Team sponsor: _____

Shooter #1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____@_____. _____

Phone: (_____) _____ - _____

Shell GA: 12 _____ 20 _____
(please check one)

Shirt: SM Med LG X-Lg XX-Lg XXX-Lg XXXX-Lg
(please circle size – men's shirt sizes)

Shooter #3

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____@_____. _____

Phone: (_____) _____ - _____

Shell GA: 12 _____ 20 _____
(please check one)

Shirt: SM Med LG X-Lg XX-Lg XXX-Lg XXXX-Lg
(please circle size – men's shirt sizes)

Shooter #5

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____@_____. _____

Phone: (_____) _____ - _____

Shell GA: 12 _____ 20 _____
(please check one)

Shirt: SM Med LG X-Lg XX-Lg XXX-Lg XXXX-Lg
(please circle size – men's shirt sizes)

Team name: _____

Shooter #2

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____@_____. _____

Phone: (_____) _____ - _____

Shell GA: 12 _____ 20 _____
(please check one)

Shirt: SM Med LG X-Lg XX-Lg XXX-Lg XXXX-Lg
(please circle size – men's shirt sizes)

Shooter #4

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____@_____. _____

Phone: (_____) _____ - _____

Shell GA: 12 _____ 20 _____
(please check one)

Shirt: SM Med LG X-Lg XX-Lg XXX-Lg XXXX-Lg
(please circle size – men's shirt sizes)

Golf cart rental: Yes _____ No _____ Cart rental fee \$50/halfday

Wounded Warrior Support – Pay \$165 to support a shooter or donate \$100 to fund the shooters

Our team will sponsor a Wounded Warrior \$165: # \$ _____

Our team will sponsor a Wounded Warrior \$100: # \$ _____

_____ AM Flight or _____ Afternoon Flight

TOTAL amount enclosed: \$ _____

\$165 per player if paid by July 24th, \$175 after that date

Mail to: Illowa Council, Scouting Clays Classic
4412 N Brady Street
Davenport, IA 52806

Questions: Call Nick Norman
(563) 388-7233, extension 122