

# 50 Bird Breast Cancer Shoot **REGISTRATION FORM** Saturday, October 10, 2015

Registration forms also available online at [www.vernonnational.com](http://www.vernonnational.com)

Individual     Squad, Name of Team \_\_\_\_\_

**1** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Add to email list?     Yes     No

**4** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Add to email list?     Yes     No

**2** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Add to email list?     Yes     No

**5** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Add to email list?     Yes     No

**3** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Add to email list?     Yes     No

**6** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_  
Add to email list?     Yes     No

**• All rounds completed by 2pm**

\_\_\_\_\_ # **Adult Entry Fees** (\$40 with minimum of \$25 worth of sponsors)

\_\_\_\_\_ # **Adult Entry Fees** (\$50 with no sponsors)

Total enclosed: \_\_\_\_\_

Total Due: \_\_\_\_\_

Total enclosed: \_\_\_\_\_

Total Due: \_\_\_\_\_

Pay day of event

### **Credit Card payment:**

Name as on card: \_\_\_\_\_ Card# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Type \_\_\_\_\_ Exp date \_\_\_\_\_ 3 digit code \_\_\_\_\_

I authorize VNSP to apply a charge to the above credit card in the total amount of \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail registration and payment to: VERNON NATIONAL - PO Box 1633 (Attn: WW), Vernon, NY 13476**

For more information, contact: Ron Acee, owner (315) 796-4587 or Darcy at (315) 272-6211