

SAN ANGELO
2019 SPORTING CLAY SHOOT

benefiting **Texas Scottish Rite Hospital for Children**

Individual Shooter Entry Form



I wish to participate in the 2019 San Angelo Sporting Clay Shoot.*

Individual shooter \$175

I prefer

Rotation 1 (8 a.m.) Rotation 2 (12 p.m.)

As space in the shoot is limited, rotation preference will be accommodated on a first-come, first-served basis.

* Registration will be available online at scottishritehospital.org/clayshoots beginning August 12.

1. Last name: _____ First name: _____

Male Female Junior (16 yrs. or younger)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

If you have arranged to shoot with specific friends, please list them here: *(six shooters per squad)*

Each individual shooter must complete the registration information form above in full.

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

5. Name: _____ Phone: _____

6. Name: _____ Phone: _____

For additional copies, please visit scottishritehospital.org/clayshoots.

Type of Card: VISA MasterCard American Express Discover

Is this a company card? If so, please provide company name: _____

Name of Cardholder: _____

Card Number: _____

Expiration Date: Month: _____ Year: _____

Security Code: _____

Billing Address *(if different from above)*: _____

Signature: _____

Please make checks payable to: **Texas Scottish Rite Hospital for Children**

Your contribution is tax-deductible to the extent allowed by law.

Please return this form to:
Texas Scottish Rite Hospital for Children
San Angelo Sporting Clay Shoot
2222 Welborn Street, Dallas, Texas 75219
or Fax: 214-559-7649

TEXAS
SCOTTISH RITE HOSPITAL
FOR CHILDREN

Phone: 214-559-7684 800-421-1121, ext. 7684