



Date: _____ Office Use Only # _____

Team/Company Name: _____

Contact Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

June 11th event entry: Please mark as appropriate

**EARLY BIRD DRAWING - CASE OF 12 ga.
SHELLS DEADLINE June 1st**

OPTIONS:

- Sponsor Level _____ See attached opportunities-- --\$ _____
- Team of 4 \$500 (Includes shoot ,PF memberships and meals)-- --\$ _____
- Team of 5 \$625 (Includes shoot, PF memberships and meals)-- --\$ _____
- Indiv. Shooter \$125 (Includes shoot, PF membership and meal)-- --\$ _____
- Competitive Optional Purse \$100/team (100% Payout 1st)-- --\$ _____
- Non-Shooter meal and PF membership \$50-- --\$ _____
- Non-Shooter Extra Meal \$15-- --\$ _____
- Shot Shell Drawing 1/\$20 or 6/\$100 (Browning Cynergy CX Walnut 12 ga)-- --\$ _____
- Dog Tag Drawing 1/\$40 or 3/\$100 (AR 10 in 6.5 Creedmoor)-- --\$ _____
- Card Draw 1/\$10 (Henry AR-7 .22)-- --\$ _____
- Bonus Station \$10/chance/shooter (Kimber Micro .380)-- --\$ _____
- Optional Donation-- --\$ _____

TOTAL FEES DUE:-- --\$ _____

My signature hereto for myself, my heirs, executors and assignees; I do hereby fully and forever discharge the CSCA/NSCA Board of Directors, CSCA/NSCA affiliated range, and shooting members from any and all claims and demands, actions, causes of action, damage, costs, loss of service, expense, and any and all other claims whatsoever, both in law and in equity on account of, or in any way resulting from personal injuries, or indirectly, the use of facilities or participating in activities of this shooting event. The release shall include but not be limited to damages or loss associated with sporting clay target shooting, use of vehicles, and any other activity incidental to my voluntary use and enjoyment of the facilities/activities provided by the CSCA/NSCA or Affiliated Range Member. The release shall include but not be limited to damage or loss associated with the negligence of the CSCA/NSCA Range Member or any other person using the facilities/activities of the range. I agree, stipulate, and covenant to indemnify and hold forever harmless the CSCA/NSCA Affiliated Range and shooting members from any and all actions and any and all claims for damage whatsoever which may hereafter arise from the negligence of myself or any other person or entity willful or wanton, or intentional acts or actions. I am aware of and acknowledge the danger associated with the use of the facilities/activities of the CSCA/NSCA.

Shooter Signature: _____ **Date:** _____

Return registration form: **Morgan County Pheasants Forever, PO Box 57, Fort Morgan, CO** or Register online at www.morgancountypf.org or email registration to Tim.Amen79@gmail.com