

SHOOTOUT FOR SCOUTING

Please return this registration form with your payment.

NAME: _____ PHONE: () _____

ADDRESS: _____

CITY: _____ ZIP: _____

FAX: () _____ CELL: () _____

EMAIL: _____

- I will be a Marksmanship Sponsor (\$2,500). Sponsorship includes team of 5 shooters, sponsor recognition at event and on publications)
- I will sponsor a team of 5 shooters (\$750). (Please list team members on form).
- I will not shoot but will sponsor a team.
- I am interested in making a donation for the silent auction or door prizes.
- Please reserve _____ additional lunches at \$15 each = \$ _____ (total)

TEAM MEMBER LIST

Team Sponsor/Name: _____

(Please circle order in which each individual will shoot)

	<u>Team Order</u>	<u>Shirt Size</u>
Team Captain (name): _____	1 2 3 4 5	_____
Team Member (name): _____	1 2 3 4 5	_____
Team Member (name): _____	1 2 3 4 5	_____
Team Member (name): _____	1 2 3 4 5	_____
Team Member (name): _____	1 2 3 4 5	_____

PLEASE NOTE: Shooters must be 14 years or older to participate.

Program information will be sent to each team captain following team registration. Please contact Sean Roy at the San Diego-Imperial Council at 619-298-6121 x249 or sean.roy@scouting.org for more information.

Please make checks payable to: **San Diego - Imperial Council**
Mail form and check to: **1207 Upas Street, San Diego, CA 92103**

Mastercard or Visa (circle one): Name on Card: _____

Exp.date: __/__/__ CVV code ___ Account #: _____