

TRAP 16 YD HANDICAP TEAM for 2021

(PLEASE NOTE: Fees and Team Roster Changes for 2021 Summer Leagues)

SPONSOR NAME _____

TEAM NAME _____ **Date Submitted:** _____

TEAM CAPTAIN NAME _____ **PHONE #** _____

* **TEAM CAPTAIN E-MAIL ADDRESS** _____

***E-Mail address is used by committee to contact teams with league info. IMPORTANT!!**

INSTRUCTIONS:

PLEASE LEGIBLY PRINT ALL INFORMATION

- YOU MUST HAVE AT LEAST 5 TEAM MEMBERS
- YOU CAN HAVE UP TO 8 TEAM MEMBERS
IF AT LEAST 2 MEMBERS ARE EITHER JUNIOR OR LADIES SHOOTERS.
 - **TEAMS ARE ENCOURAGED TO FURTHER PARTICIPATION OF YOUTH AND COUPLES.**
 - LADIES ARE ENCOURAGED TO PARTICIPATE.
 - JUNIOR SHOOTERS ARE THOSE UNDER 18 WHEN THE LEAGUE STARTS.
- PLEASE CIRCLE **L** FOR LADY OR **JR** FOR JUNIOR SHOOTER.
- \$120 for CORPORATE SPONSOR (covers 8 shooters) or \$15.00 per shooter for SELF-SPONSORING Teams
IS PAID TO THE BARTENDER WITH THE COMPLETED FORM.
- HAVE FUN!

L JR NAME _____ **Member #** _____

L JR NAME _____ **Member #** _____

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L JR NAME _____ **Member #** _____

L JR NAME _____ **Member #** _____

L JR NAME _____ **Member #** _____

L JR NAME _____ **Member #** _____

L JR NAME _____ **Member #** _____

Any other e-mail addresses will share league info.

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SPONSOR NAME _____

TEAM NAME _____

LEAGUE FEE \$120 for Corporate Sponsor OR \$15.00/ shooter for Self-Sponsored
Total \$ _____ PAID on _____ BARTENDER'S INITIALS _____

INSTRUCTIONS to Bartender:

WHEN THE FORM IS COMPLETED AND PAYMENT IS MADE

- **RING INTO THE CASH REGISTER WITH THE CORRECT KEY.**
- **COMPLETE THE LOWER PORTION OF THIS FORM.**
- **DETACH AND PUT INTO THE CASH BAG**