

Pre-WASHINGTON'S BIRTHDAY MATCH
CLINIC/FIRING PRACTICE - SATURDAY 20 FEBRUARY 2010

List as many as will be attending clinic on this form

List team for the match on the front side of the form

Name: _____

Phone: _____ e-mail: _____

Fee included: : \$25 clinic/shoot fee, \$10 practice only per Adult, \$10.00 per Junior _____

LUNCH: \$8 _____

Name: _____

Phone: _____ e-mail: _____

Fee included: : \$25 clinic/shoot fee, \$10 practice only per Adult, \$10.00 per Junior _____

LUNCH: \$8 _____

Name: _____

Phone: _____ e-mail: _____

Fee included: : \$25 clinic/shoot fee, \$10 practice only per Adult, \$10.00 per Junior _____

LUNCH: \$8 _____

Name: _____

Phone: _____ e-mail: _____

Fee included: : \$25 clinic/shoot fee, \$10 practice only per Adult, \$10.00 per Junior _____

LUNCH: \$8 _____

Total Clinic/Practice Fee: \$ _____

Total LUNCH: \$ _____

