

Sporting Clays Invitational

8.24.17

Westside Sporting Clays
10120 Pattison
Katy, Texas 77493

8:00AM Registration
9:00AM Shoot
11:30AM Lunch+Awards

\$200 Early Bird Shooter

After Aug 9th \$225 per Shooter

Includes: 100 targets + 12 & 20 gauge ammunition + 4-man golf cart per team + Lunch + Grand Prize & Door Prize Tickets + Protective Eye Glasses + Ear Plugs

Name: _____

Agency/Company: _____

Phone: _____

Email Address: _____

PAYMENT

Check _____ -Make checks payable to IIAH Credit Card: Visa___ MC___ AMEX___ Discover___

Name on Card _____

Expiration Date _____ Security Code _____

Billing Address _____

Select the Number of Shooters **If 2-4 shooters, also complete page 2*

1 Shooter <input type="checkbox"/>	*2 Shooters <input type="checkbox"/>	*3 Shooters <input type="checkbox"/>	*4 Shooters <input type="checkbox"/>
YES, I am paying for all shooters <input type="checkbox"/>		NO, I am paying individually <input type="checkbox"/>	

Select your Mulligans per Shooter

1 FOR \$10	2 FOR \$20	3 FOR \$25
each mulligan = 2 additional shots		

Remit Form via fax: 832.324.3503 / Email: cshelton@iiah.org
7700 San Felipe, Suite 310, Houston, Texas 77063 / Phone 832.769.5689

IIAH reserves the right to cancel at anytime, and will notify you in a timely manner. No cancellations after 8/15/17, as shooter and food and beverage guarantees have been confirmed. Cancellations must be received to IIAH via email on or before business day's end 8/15/17 for a refund; these notices must be sent to Carole at cshelton@iiah.org. The Rec Committee will assign 4-man teams unless otherwise listed on registration form. If you wish to arrange your own 4-man team, payment for all four shooters must be sent in with registration form, or paid for online.





Sporting Clays Invitational Registration Form

August 24th | Westside Sporting Grounds

If you selected more than 1 shooter on page 1 of this form, please complete the information below for the other players on your team. Note, Shooter #1 is listed on page 1 of this form. For questions contact 832-769-5689.

Additional Shooter/Team Registration Information

Shooter #2 Name: _____

Agency/Company: _____

Email: _____

Shooter #3 Name: _____

Agency/Company: _____

Email: _____

Shooter #4 Name: _____

Agency/Company: _____

Email: _____

Safety Glasses

YES, we need _____ # of safety glasses NO, we do not need safety glasses and will bring our own

All shooters must complete and return the Participant Release Form

Remit pages 1-2 of this form to Fax: 832.324-3503 / Email: cshelton@iiah.org
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