

FIRST ANNUAL M&N AUGUSTINE FOUNDATION  
BENEFIT SPORTING CLAYS TOURNAMENT  
SATURDAY MAY 17, 2008

THE SHOOTING RANGE – HWY 90 WEST – WASHBURN, MO

REGISTRATION AND/OR STATION SPONSOR FORM

Company Name: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Captain is responsible for having all team members available for check in - as a group - between 8:00am and 8:30am in the club house.

Team Member 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Member 3: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Member 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Single Entry Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Single entries will be assigned to form groups to shoot.

Station Sponsor (\$100) \_\_\_\_\_

Name to Appear on Station Sign \_\_\_\_\_

Payment Options: \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Visa/MC/Amex/D

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Make Checks Payable To: M&N Augustine Foundation

Contact: Norm DeBriyn 479-530-0435 or Jerry Leding 479-751-1686, 479-530-1060