



REGISTRATION FORM

(check one)

_____ **Individual Shooter = \$110.00**

_____ **Team of 4 = \$440.00**

_____ **Team Sponsor + 4 shooters \$600.00**

Tickets will be mailed once payment is received.

Name _____

Address _____

Phone _____

Email _____

Shooter 1 _____

Shooter 2 _____

Shooter 3 _____

Shooter 4 _____

Make checks payable to: **CTPA**
To pay by credit card call 412-738-0799

Mail completed registration and payment to:

CTPA - Clayshoot
PO Box 148
Presto, PA 15148