



## REGISTRATION FORM

\_\_\_\_\_ Number of shooters @ \$135 each

\_\_\_\_\_ Team Sponsor + Station Sign + 4 shooters \$700.00

Tickets will be mailed once payment is received.

Sponsor Name \_\_\_\_\_

Point of Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Shooter 1 \_\_\_\_\_

Shooter 2 \_\_\_\_\_

Shooter 3 \_\_\_\_\_

Shooter 4 \_\_\_\_\_

Make checks payable to: **CTPA**  
To pay by credit card call 412-496-9708

Mail completed registration and payment to:

**CTPA**  
**PO Box 148**  
**Presto, PA 15148**