

# Yes! I want to SHOOT FOR A CAUSE!

## Please Select Your Division:

- Adult Individual Shooter
- Junior: 6th - 8th Grade
- Senior: 9th - 12th Grade
- Are you a shooter with a disability?



**Big 50!**

## Individual Shooter

\*Individuals placed to form a team, individual competition.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Total: \$ \_\_\_\_\_

Shirt Size  Pay By CC  Pay By Check

[Make Checks Payable to: ASC Foundation]

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

**Please send this Entry Form to:**  
**ASC FOUNDATION, Attn: Mandy Carmack**  
Post Office Box 242486 | Little Rock, AR 72223

**For more information**  
Call: 501-247-1977 | Email: mandy@asilr.com

**CREDIT CARD SUBMIT**

## Early Bird Pre-Registration

**Must be received by March 9, 2019 to be eligible for early bird savings**

## Early Bird Shooter Registration:

- \$40 Entry Fee Per Person
- Includes T-Shirt (provide your size)
- One Lunch Ticket\*
- 50 Targets



## On-Site Shooter Registration:

- \$50 Entry Fee Per Person
- One Lunch Ticket\*
- 50 Targets



I understand I am to provide my own shells.

\*Additional lunches for family and friends must be purchased separately.

## Squad Shooters (5 shooters per team)

Team Captain \_\_\_\_\_

Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

1 - Shooter Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

2 - Shooter Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

3 - Shooter Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

4 - Shooter Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

5 - Shooter Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

Arkansas Spinal Cord Foundation is a 501(c)(3) tax deductible organization.