



## TRAP SHOOT



April 22, 2017—9a until...

## Registration Form

Team Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Teammate #2: \_\_\_\_\_

Teammate #3: \_\_\_\_\_

Teammate #4: \_\_\_\_\_

Teammate #5: \_\_\_\_\_

Team Name/Group or Association: \_\_\_\_\_

Sponsor(s): \_\_\_\_\_

Paid: \_\_\_\_\_ Scheduled time: \_\_\_\_\_

By signing below, we (team) acknowledge by the signature of the Team Leader, that we are participating at our own risk. We agree that both **BIRD FEVER** nor **RAY COUNTY WOMEN'S RESOURCE CENTER** have any liability for accidents. All announcements the day of the event are final and override any advertised information.

Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment due in full to set your spot for schedule.**

112 South College Street | (816) 520-7828 | [www.rcwomensresource.org](http://www.rcwomensresource.org) |  
ctaylor.rcwrc@gmail.com