



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 |
ctaylor.rcwrc@gmail.com