



**REGISTRATION FORM**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St. Zip: \_\_\_\_\_  
 Sponsor Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sponsorship Levels**

**Cavalry \$5000 (2) 4 Person teams/extra goody/BFD Game Pkg for team/Cart (if needed) and Broken Bread dinner for 4.**  
**Militia \$2500 (1) 4 Person team / extra goody / cart (if needed)**  
**Posse \$1250 (1) 4 person team / optional cart rental \$125 per flight**  
**Scout \$350 (1) Single Shooter**

Sponsorship \$ \_\_\_\_\_  
 BFD \$375.00 \_\_\_\_\_  
 Cart Rental \$ \_\_\_\_\_  
 Total Charge \$ \_\_\_\_\_

**Team 1: THURSDAY - 09/26**      **FRIDAY - 9/27**  
 Shoot Time: Thursday 9AM-11AM      **9:00 AM**  
                          Thursday 11:15 AM-2:00 PM      **Shotgun Start**

**BFD:**    YES    NO    **Cart Needed:**    YES    NO

**Team 2: Thursday - 9/26**      **FRIDAY - 9/27**  
 Shoot Time: Thursday 9AM-11AM      **9:00 AM**  
                          Thursday 11:15 AM-2:00 PM      **Shotgun Start**

**BFD:**    YES    NO    **Cart Needed:**    YES    NO

**Shooter 1: Team Captain (required to pick up team cart & team scorecard)**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Shooter 2:**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Shooter 3:**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Shooter 4:**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Shooter 1: Team Captain (required to pick up team cart & team scorecard)**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Shooter 2:**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Shooter 3:**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Shooter 4:**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Shotgun Gauge: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**If paying by check** - please send to Humphrey & Associates, Inc., 2650 Handley Ederville Rd., Fort Worth, TX 76118, Attn. Stacey Mullane.  
**If paying with Credit Card**-please call Stacey @ 817-589-9550 or complete our credit card authorization form and return to [staceym@teamhumphrey.com](mailto:staceym@teamhumphrey.com)

Please email completed form to [staceym@teamhumphrey.com](mailto:staceym@teamhumphrey.com):