



REGISTRATION FORM

Company/Sponsor Name:

Address:

City, State and 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 VIP Tickets 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
- Hoedown Dinner Tickets** \$20 per person - RSVP required

Cavalry Sponsorship
 Militia Sponsorship
 Posse Sponsorship
 Scout Sponsorship
 BFD Quantity
 Cart Rental Quantity
 Hoedown Ticket Qty

Total Amount:

Team 1:	THURSDAY - 09/26	FRIDAY - 9/27
Shoot Time:	Thursday 9AM-11AM Thursday 11:15 AM-2:00 PM	9:00 AM Shotgun Start
BFD:	YES NO	Cart Needed: YES NO

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

Please email completed form to staceym@teamhumphrey.com:

Name:

Team Name:

2024 Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled. Please click the submit form button to send your completed form or call Stacey at (817-589-9550) to give us your credit card information.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	
Zip Code: _____	Code: _____

I, _____, authorize **Humphrey & Associates, Inc.** to charge my credit card above for **registration** for the 2024 Broken Clay.

I, _____, authorize **Humphrey & Associates Inc.** to charge my credit card above for "My Tab" charges for **myself** accrued at the 2024 Broken Clay such as Merchandise, Game participation (Gun Gallery, Poof Targets, Competitive Flurry, Silent Auction) or any Broken Clay expenses.

I, _____, authorize **Humphrey & Associates Inc.** to charge my credit card above for "My Tab" charges accrued **for my team** at the 2024 Broken Clay such as Merchandise, Game participation (Gun Gallery, Poof Targets, Competitive Flurry, Silent Auction) or any Broken Clay expenses.

Please provide a current email address and phone number so we may send a receipt with a list of all charges.

Email:

Phone:

Customer Signature

By electronically signing this document, you are consenting to the use of your electronic signature under the Uniform Electronic Transaction Act (UETA) to execute this document.

Date