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
- Old West Saloon Dinner & Gambling tickets \$250 per person RSVP required

Team 1:	THURSDA	AY - 09/25	FRIDAY - 9/26
Shoot Time:	Thursday 9AM-	11AM	9:00 AM
i I	Thursday 11:15	AM-2:00 PM	Shotgun Start
PED: V		Cont. No. of the	VEC NO

<u></u> 125 140 Cultificacu. 125 140	BFD:	YES	NO	Cart Needed:	YES	NO
--------------------------------------	------	-----	----	--------------	-----	----

Cavalry Sponsorship
Militia Sponsorship
Posse Sponsorship
Scout Sponsorship
BFD Quantity
Cart Rental Quantity
Saloon Night Ticket Qty
Total Amount:

Team	2: T	hursday	· - 9/25		FRIDAT -	9/20
Shoot Tim	ne: Thurs	day 9AM-			9:00 AM Shotgun	Start
i	Thurs	day 11:15	AM-2:00 PM	l_		
BFD:	YES	NO	Cart Need	ded:	YES	NO

RED: AE2	NO	Cart Needed:	YES	NO
Shooter 1: T	eam Captair	n(required to pick up team	cart & team	scorecard)
First Name:				
Last Name:				
Email:				
Shotgun Gauge	e:	Shirt Size:		
Shooter 2:				
First Name:				
Last Name:				
Email:				
Shotgun Gauge	e: <u> </u>	Shirt Size: _		
Shooter 3:				
First Name:				
Last Name:				
Email:				
Shotgun Gauge	e:	Shirt Size: _		
Shooter 4:				
First Name:				
Last Name:				
Email:				
Shotgun Gauge	e:	Shirt Size: _		

<u>DI D.</u>	ILJ	140	<u>cart iveeded.</u>	
Shooter	1: Team	Captain (red	quired to pick up team cart & team s	scorecard)
First Nam	e:			
Last Name	e:			
Email:				
Shotgun G	Gauge: _		Shirt Size:	
Shooter	2:			
First Nam	e:			
Last Name	e:			
Email:				
Shotgun G	Gauge: _		Shirt Size:	
Shooter	3:			
First Nam	e:			
Last Name	e:			
Email:				
Shotgun G	Gauge: _		Shirt Size:	_
Shooter	4:			
First Nam	e:			
Last Name	e:			
Email:				
Shotgun G	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