



United Way of Bemidji Area **Trap Tournament**

SEPTEMBER 29, 2020
REGISTRATION

Team Name _____

Team Captain / Shooter 1: _____

Level of Experience: Novice Intermediate Experienced

Captain Phone Number: _____ Captain Email: _____

Shooter 2: _____

Level of Experience: Novice Intermediate Experienced

Shooter 3: _____

Level of Experience: Novice Intermediate Experienced

Shooter 4: _____

Level of Experience: Novice Intermediate Experienced

Shooter 5: _____

Level of Experience: Novice Intermediate Experienced

Shooting Time Preference: ___ 4:00 PM ___ 5:00 PM ___ 6:00 PM

*Shooters under the age of 16 must be Firearm Certified. Please list team members under the age of 16:

Payment enclosed (\$500 per team) Bill me

Billing Address _____

