

"Shattered Clays for Shattered Dreams"
August 19, 2017



SPONSORSHIP CONFIRMATION FORM

My Sponsorship Level is \$_____

Select One Below

_____ I Need Tickets for _____ Shooters (*See Sponsor Level Page*)

_____ I Have No Shooters

_____ Preferred time 8:30_____11:00_____1:30 (if needed)_____

_____ I Need _____ Evening Event Tickets (*See Sponsor Level Page*)

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Cell Phone #: _____

Email Address: _____

Must have contact number to let know shooting time.

COMPANY NAME AS YOU WOULD LIKE IT TO APPEAR IN PRINT

Please Email Your Logo to Us: brycekennedymemorial@yahoo.com

PLEASE MAKE CHECKS PAYABLE TO:

Bryce Kennedy Memorial

PMB 163

2438 Industrial Blvd

Abilene, Texas 79605

TO PAY BY DEBIT OR CREDIT CARD:

Please visit our website to pay via paypal

Information:

For more information please call
Don/Shawn Kennedy 325-691-0758 or James Berry 325-721-0303
email us brycekennedymemorial@yahoo.com
or visit our website at www.brycekennedymemorial.org



Bryce Kennedy Memorial 2017 Sporting Clay Event



Shattered Clays for Shattered Dreams

Abilene Clay Sports August 19, 2017

SHOOTER ENTRY FORM

Registration \$135 per Shooter

Active Military, First Responders, and Veterans \$120.

Includes: 2 Evening Event Tickets & Goody Bag

- ▶ Registration 7:30 / Games will open at 8:30am
- ▶ Round 1 8:30 / R2 11:00 / R3 1:30 (if needed)
- ▶ You will be notified of your shooting time; first come first serve basis (provided you give us contact information)

GENERAL INFORMATION:

- ▶ Everyone must sign in even if only observing
- ▶ Eye & ear protection required
- ▶ Participants/Observers enter at their own risk and assume sole responsibility for personal injury, property damage, or other loss arising from such participation/observation

INFORMATION FOR SHOOTERS:

- ▶ Shooters are responsible for ammunition, shells no larger than 3 dram, 1/8 ounce of 7 1/2
- ▶ A parent or guardian must accompany any shooter under age 18
- ▶ Lewis class scoring

Your Information: One Form per Shooter (Please Print)

Name: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

Email Address: _____

Shooting Times: 8:30 _____ 11:00 _____ 1:30 (if needed) _____

T-Shirt Size: (Please Circle) Small Medium Large X Large XX Large XXX Large

Number of Evening Event Tickets Needed: _____

If you are a sponsored Shooter, What business are you shooting with?

IF YOU HAVE ARRANGED TO SHOOT WITH SPECIFIC PEOPLE PLEASE LIST HERE:

1. _____ 2. _____

3. _____ 4. _____