



2017 REGISTRATION FORM

(check one)

_____ **Individual Shooter = \$110.00**

_____ **Team of 4= \$440.00**

Tickets will be mailed once payment is received.

Name _____

Address _____

Phone _____

Email _____

Make checks payable to: **CTPA**

To pay by credit card call 412-738-0799

Mail completed registration and payment to:

CTPA - Clayshoot

PO Box 148

Presto, PA 15148