



## 2018 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