

# SC LOWER REGIONAL CHAMPIONSHIP

Mail form and monies to Secretary or Club Representative.

**A Score is needed from EACH LOWER Regional Club**

Lake Marion    Swamp Fox    Wildlife Action  
Broken Arrow    Sandune

NAME \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**FEES : NFAA/SCAA Member: Adult - \$10.00 17 and under - \$5.00**  
**NON NFAA/SCAA Member:Adult - \$15.00                      17 and under - \$7.00**

**DECLARE CLASS/DIVISION \_\_\_\_\_ Fee \_\_\_\_\_**

Spouse \_\_\_\_\_ Class \_\_\_\_\_ Fee \_\_\_\_\_

1<sup>st</sup> Child \_\_\_\_\_ Class \_\_\_\_\_ Fee \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ Class \_\_\_\_\_ Fee \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ Class \_\_\_\_\_ Fee \_\_\_\_\_

TOTAL \_\_\_\_\_

Above shooter(s) received membership card(s)

Shooter Signautre \_\_\_\_\_ Date \_\_\_\_\_

Registering Club \_\_\_\_\_ Representative \_\_\_\_\_ Date \_\_\_\_\_

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3<sup>rd</sup> Child \_\_\_\_\_ Class \_\_\_\_\_ Fee \_\_\_\_\_

TOTAL \_\_\_\_\_

Above shooter(s) received membership card(s)

Shooter Signature \_\_\_\_\_ Date \_\_\_\_\_

Registering Club \_\_\_\_\_ Representative \_\_\_\_\_ Date \_\_\_\_\_