

14th Annual Trap Shoot/Tournament



Date: Friday, September 29th, 2017

Time: 10:00 - 12:00 p.m. *Practice
12:00 p.m. *Competition Begins / Lunch

Place: **Lee Kay Public Shooting Range**
6000 West 2100 South
Salt Lake City, UT 84128

Cost: Trap Shoot tournament fee: **\$65.00** Per Shooter/**\$325.00** Per Team

Cost Includes:

- Participation Gift
- Lunch (BBQ: Hamburger/Hot Dogs)
- Entry into competition & Drawings (Gun's/Prizes)
- Prize money for winning teams and participants

Main Event: Shooters must provide their own shotgun & 2 boxes of shells/50 rounds - Note: shells can be purchased at the Gun Club. The overall winning team will be awarded a traveling trophy for the company/team shoot portion of the competition 1st, 2nd & 3rd place winning and prize money will be selected based on individual performance/blind man draw – the individual shooting scores of each participant will be ranked from A – E and then randomly drawn to comprise a team score.

Practice: If you are planning to practice prior to the competition you will need to plan accordingly, practice is not included in the Tournament fee. Practice rounds will cost you an additional \$6.00 per round plus the additional shells/25 rounds (**limit 1 per person**).

Registration Information: Please complete the following information for each shooter.

Player Name & Company	Practice	Player Name & Company	Practice
_____	☺	_____	☺
_____	☺	_____	☺
_____	☺	_____	☺
_____	☺	_____	☺
_____	☺	_____	☺

of pre-paid practice rounds _____ @ \$6.00 each = \$ _____.

~DONATIONS/SPONSORS~

- \$250 – Booth Sponsors** will have the opportunity to set up your own booth at the event.
- \$175 – Trap House Sponsors** will have company logo posted on Trap House (Limit 5)
- \$100 – Supporting Sponsor** We would like to help support the 14th Annual Trap Shoot/Recognized by Emcee

Payment Options:

Please find enclosed our **check** in the amount of \$ _____.

Please charge my **credit card** in the amount of \$ _____.

Type of Card: _____ Visa _____ MasterCard _____ AMEX

Name on Card: _____ Billing Zip: _____ CSC: _____
(Card Security Code)

Card Number: _____ Exp: _____

Company Name: _____ Contact Person: _____ Phone Number: _____

Address: _____ Email: _____

**** All registration forms and payment must be received by Friday, September 22nd, 2017.****
Please remit all forms with payment to AGC of Utah, 2207 So. 1070 W., Salt Lake City, Utah 84119.
If you have any questions, feel free to contact us either by phone (801) 363-2753, by fax (801) 363-2756, or by e-mail slagc@agc-utah.org