



Friends of Camp Perry Pop-Up Shoot Registration



Rifle Pistol

Date: _____

Please Print Legibly!!

NAME _____

ADDRESS _____

City, State, Zip _____

PHONE # _____ E-Mail _____

(Suggested donation Members pay only \$10 per relay.)

(Suggested donation for non-members \$15 per relay.)

MEMBERSHIP

New Renewal

Relays : _____ X _____

<\$20 Donation for Individual

Family Memberships available:

<Spouse additional \$10

<Jr. Shooters \$5 (12-17 yrs old)

Total _____



RECEIPT

www.friendsofcamperry.org



RELAY _____

RELAY _____

RELAY _____

RELAY _____

LANE _____

LANE _____

LANE _____

LANE _____

NAME _____

Participant in the FOCP POP-UP SHOOT.

CASH

TOTAL: _____

CHECK

Make checks payable to Friends of Camp Perry

THANK YOU FOR JOINING US AND HAVE A NICE DAY!