



REGISTRATION INFORMATION

BAR 3 RANGE | FRIDAY, OCTOBER 20TH | 8:00 AM & 11:30 AM

8:00 AM
Registration

9:00 AM
Morning Flight

11:30 AM
Registration

1:00 PM
Afternoon Flight

Each person is responsible for their own transportation, ammunition and safety glasses.

TOTAL TEAM REGISTRATION PAYMENT:
\$625.00

REMIT PAYMENT TO:
South Central Health Care Foundation
c/o Patty Todd
1220 Jefferson Street
Laurel, MS 39440

CONTACT:
Patty Todd | 601.498.7758
Ptodd@scrmc.com

TEAM CAPTAIN:

1. COMPANY _____ SHOOTER NAME _____

EMAIL _____ PHONE _____

ADDRESS _____

2. SHOOTER NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

3. SHOOTER NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

4. SHOOTER NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

5. SHOOTER NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____



SOUTH CENTRAL
REGIONAL MEDICAL CENTER

SOUTH CENTRAL
HEALTH CARE FOUNDATION
South Central Regional Medical Center



EXTRAS:

- Duck Drop \$20 to win \$1,000
- Cotton Drop Challenge \$20
- 3 Mulligans \$20

Purchase all 3 for \$50 per Person

- Five Man Flurry \$50 per team

Total: \$ _____