



Shoot for  
Grace

### TEAM REGISTRATION FORM

CHAMPION SPONSORSHIP

TEAM SPONSORSHIP

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

4. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Lunch included for shooters  
Nonshooters \$15

TOTAL # FOR LUNCH \_\_\_\_\_