Indoor Provincial Target Championships

SAA Registration Reconciliation Form

Host Club: _____ **Shoot Date:** _____

SAA Fees Collected:

Adults:	_____	at $50.00/ea	= _____	(18 & over as of December 31st of the current calendar year)
Youth:	_____	at $40.00/ea	= _____	(17 & under as of December 31st of the current calendar year)
			= _____	**TOTAL**

_____ _____

SAA Representative (print name) SAA Representative (signature)

SAA pays to hosting club:

Adults:	_____	at $37.50/ea	= _____	(18 & over as of December 31st of the current calendar year)
Youth:	_____	at $30.00/ea	= _____	(17 & under as of December 31st of the current calendar year)
		Hosting Grant	= $ 2000.00	
			= _____	**TOTAL**

Note: Payment will be mailed to the host club

Mailing address: _____

_____

_____

Email address: _____

Phone number: _____

_____ _____

Club Representative (print name) Club Representative (signature)

Office use only:

_____ _____

SAA Treasurer Signature Date