

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