

# Wounded Warrior Project Benefit Shoot and Clinic

## Registration Form

(online registration available at [www.VernonNational.com](http://www.VernonNational.com) with paypal available)

Name \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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Clinic: 25 spots available

Ability – Average score out of 100 is \_\_\_\_\_, NSCA registered? What class \_\_\_\_\_

Morning Session: 9:00 – 12:00: “ON IT....BREAK IT” \$250.00 \_\_\_\_\_

Afternoon Session: 1:00-3:00+: “PROBLEM SHOT....NO PROBLEM” \$175.00 \_\_\_\_\_

Both Session Special \$350.00 \_\_\_\_\_

- Groups no larger than 5 per instructor will be formed based on shooter ability
- Please bring 5 boxes of shells(per clinic), ear and eye protection
- ATV and carts are allowed

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Shoot: 168 spots guaranteed, possibility of more

Registration/sign in start at 8:00 am ..... Opening ceremony starts at 9:00 am ..... Shotgun Start: 10:00am

Main Entry fee... NSCA# \_\_\_\_\_ Class \_\_\_\_\_ \$100 \_\_\_\_\_

Youth Shooter entry fee..... \$75 \_\_\_\_\_

6 man team entry fee, list team mates below..... \$500 \_\_\_\_\_

1) Name \_\_\_\_\_ Email \_\_\_\_\_

NSCA# \_\_\_\_\_ Class \_\_\_\_\_

2) Name \_\_\_\_\_ Email \_\_\_\_\_

NSCA# \_\_\_\_\_ Class \_\_\_\_\_

3) Name \_\_\_\_\_ Email \_\_\_\_\_

NSCA# \_\_\_\_\_ Class \_\_\_\_\_

4) Name \_\_\_\_\_ Email \_\_\_\_\_

NSCA# \_\_\_\_\_ Class \_\_\_\_\_

5) Name \_\_\_\_\_ Email \_\_\_\_\_

NSCA# \_\_\_\_\_ Class \_\_\_\_\_

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Payment: 50% payment of all entries must be made with the submission of this form to hold your spot(s). Space is limited and spots will NOT be held without deposit. Remaining balance due the morning of the events.

Mail registration to: Vernon National, PO BOX1633, Vernon, NY 13476

Make checks payable to: Vernon National Shooting Preserve

Credit card payment:

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Card Type \_\_\_\_\_ Expiration date \_\_\_\_\_ 3 digit code \_\_\_\_\_

I authorize VNSP to apply a charge to the above credit card in the total amount of \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_