

Blue Rock Gun Club

Fred Vellance Memorial Shoot



7800 Baucum Pike Rd. North Little Rock, 72117 Contact John Wyrick - jmwyrick@sbcglobal.net OR 501-626-8435

Registration begins at 7:00 A.M. Shooting begins at 9:00 A.M Practice 8-8:45 A.M. Practice Round \$5.00

Saturday August 25, 2018 Over \$1000 ADDED MONEY

\$5 OF EACH ENTRY FEE WILL GO TO THE CLUB TROPHIES!

Event 1 Singles 100 16 yard targets

Targets & Trophies...... \$34.00

Club Trophies: Champ Class AA, A, B, C, D, Sub-Junior, Junior, Veteran, Sr. Vet, Lady winners

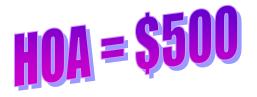
LIMIT 100 SHOOTERS

Event 2 Handicap 100 Handicap targets

Targets & Trophies...... \$34.00

Club Trophies:

18-21.5, 22-24.5, 25-27 yardage winners



Event 3 Doubles 50 Pair Doubles targets

Targets & Trophies...... \$34.00

Club Trophies: Champ Class A, B, C winners



OTHER FEES (ONCE DAILY) ATA \$3.00 - ASTF \$3.00

YOU MUST SHOW PROOF OF ATA AND ASTF MEMBERSHIPS OR YOU MAY JOIN AT THE SHOOT. EYE AND EAR PROTECTION IS MANDATORY.

ATA rules and regulations will govern this shoot. Not responsible for accidents. Shoot at own risk. All events may be altered or canceled entirely for any reason without prior notice by shoot management.



2018 FRED VELLANCE ATA Shoot

⇒ PRE-REGISTRATION FORM €

Shoot Date: Saturday - 08/25/2018

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Shoot Inform	<u>nation</u>						
	ame or Parent Name (if In	,				-	
	b/Shoot Location: Blue R Baucum Pike, No. Little						
Coach Inform	nation (or Parent Infor	mation for Inc	lividual	2			
Coach's Name:		Coach's Cell Number:					
Coach's	Address:						
Coach's City:		State:				Zip:	
	Email:						
<u>Other Inform</u>	<u>nation</u>						
½ or 8's Lead only	Age 15 - 17	aps, 50 Pair of Do			vent plus \$6 Dai		
<u>Shooter Info</u>		<u> </u>					
	Pleaso INDIVIDUAL (check one) D						
	INDIVIDUAL (thetk one) D						
	1 50 Naille						
	Pleas						
	INDIVIDUAL (check one)					-	
	First Name:			Last Name	:		
POST #3	Plea	se Check What Y	ou Will f	Be Shooting: Singles_	Handicaps_	Doubles	
TEAM or _	INDIVIDUAL (check one)	DOB:/_	_/	Category:		Average:	
	First Name:			Last Name	e:		
	Plea	ase Check What	You Will	Be Shooting: Singles_	Handicaps	Doubles	
	INDIVIDUAL (check one)						
	First Name:						
	Ple						

■ ALL FEES PAYABLE TO 'BRSC' THE DAY OF THE SHOOT ■ PLEASE PRINT & COMPLETE FORM(s) ■

___ TEAM or ___ INDIVIDUAL (check one) DOB: ___/__/ Category: ____ Average: ____

ATA#: _____ First Name: _____ Last Name: _____

PRE- REG. FORM(S) DUE: Tues. - August 21st Fax shoot registration to: 870-698-0361 or Scan & email forms to: jmwyrick@sbcglobal.net

Questions: Call John Wyrick at 501-626-8435