

# SAN ANGELO 2024 SPORTING CLAY SHOOT

benefiting **Scottish Rite for Children**

## CORPORATE SPONSOR TEAM ENTRY FORM

**I wish to participate in the 2024 San Angelo Sporting Clay Shoot.\***

☐ Corporate sponsor **\$1,650** (Includes six shooters)

**I prefer** ☐ Rotation 1 (8 a.m.) ☐ Rotation 2 (12 p.m.)

*As space in the shoot is limited, rotation preference will be accommodated on a first-come, first-served basis.*

**\* Registration will be available online at [scottishriteforchildren.org/clayshoots](http://scottishriteforchildren.org/clayshoots) beginning August 7.**



### Shooter one (Lead contact for the team)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Junior (16 or younger)  
Business name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Shooter two

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Junior (16 or younger)  
Business name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Shooter three

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Junior (16 or younger)  
Business name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Shooter four

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Junior (16 or younger)  
Business name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Shooter five

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Junior (16 or younger)  
Business name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Shooter six

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Junior (16 or younger)  
Business name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Type of Card:** ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Is this a company card? If so, please provide company name: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to: **Scottish Rite for Children**

*Your contribution is tax-deductible to the extent allowed by law.*

**Please return this form to:**

**Scottish Rite for Children**  
**San Angelo Sporting Clay Shoot**  
**2222 Welborn Street**  
**Dallas, Texas 75219**

**SCOTTISH RITE**



**Phone: 214-559-7684**