## **SKEET HANDICAP TEAM for 2024**

(PLEASE NOTE: Summer Team Leagues – Fees and Roster Changes eff. 2021)

SPONSOR NAME		
TEAM NAME	Date Submitted:	
TEAM CAPTAIN NAME	_ PHONE #	
* TEAM CAPTAIN E-MAIL ADDRESS  *E-Mail address is used by committee to contact teams with league		
INSTRUCTIONS:  • YOU MUST HAVE AT LEAST 5 TEAM MEMBERS  • YOU CAN HAVE UP TO 6 TEAM MEMBERS  • YOU CAN HAVE UP TO 6 TEAM MEMBERS  • TEAMS ARE ENCOURAGED TO FURTHER PARTICIPATION OF LADIES ARE ENCOURAGED TO PARTICIPATE.  • JUNIOR SHOOTERS ARE THOSE UNDER 18 WHEN TO PRESENCE LETTERS FOR LADY, JR FOR JUNIOR, SR FOR STORY FOR COVERS 8 SHOOTERS OF \$15.00 PER STORY FOR	(65 or Older), JUNIOR OR LADIES SHOF YOUTH AND COUPLES.  THE LEAGUE STARTS.  OR SENIOR SHOOTER  or shooter for SELF-SPONSORING T	
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NAME Any other e-mail addresses will share league info.	Sr, Jr, L	
SKEET HANDICAP TEAN  SPONSOR NAME TEAM NAME  LEAGUE FEE \$105 for Corporate Sponsor OR Total \$ PAID on  INSTRUCTIONS to Barter	VI for 2024  \$15.00/ shooter for Self-S BARTENDER'S INITIA	Sponsored

WHEN THE FORM IS COMPLETED AND PAYMENT IS MADE for Sponsored Teams:

- COMPLETE the LOWER PORTION OF THIS FORM.
- RING INTO CASH Register with the 'Team SKEET Sponsor' key.
- DETACH THIS SECTION and put into the Cash Bag.
   Upper Section is stored in the SKEET Folder (next to bar).

## for Self-Sponsored Teams:

- INITIAL and DATE AS PAID (Above) for each Participant.
- RING INTO CASH REGISTER with the 'Summer SKEET League' key.
- FORM IS STORED in the SKEET Folder (next to bar).

2024 SKEET Team Roster (Effective March, 2024)