



2024 GUNS & CLAYS
TEAM REGISTRATION FORM
APRIL 20TH, 2024
PLEASE PRINT



Team Information:

Team Name: _____

Shooter Name 1.) _____

Shooter Name 2.) _____

Shooter Name 3.) _____

Shooter Name 4.) _____

**Check made payable to
"Naples North Rotary Club Foundation, Inc."**

Shooter #1 Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Shooter #2 Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Shooter #3 Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Shooter #4 Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____