



NATIONAL SPORTING CLAYS INFORMATION FORM

This information is necessary for our records. Please take a few minutes to fill out this form completely and mail back to us with your club dues.

Club Name (Please Print) _____ Physical City, State Location _____

Mailing Address _____ City/State/Zip _____

UPS Shipping Address (not a P.O. Box please) _____ City/State/Zip _____

Contact Person _____ Title _____

Phone: Club _____ Work _____ Home _____

Owner/Operator/Chairman _____

Address _____ City/State/Zip _____

Phone Work _____ Home _____

E-Mail Address _____ Name _____

Number of Fields: Sporting Clays _____ Skeet _____ Trap _____ 5 Stand _____

Hours of Operations: _____

Directions to Gun Club: _____

