



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.

<hr/> Club Name (Please Print)	<hr/> Physical City, State Location
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<hr/> Mailing Address	<hr/> City/State/Zip
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<hr/> UPS Shipping Address (not a P.O. Box please)	<hr/> City/State/Zip
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<hr/> Contact Person	<hr/> Title
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<hr/> Phone: Club	<hr/> Work	<hr/> Home
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Owner/Operator/Chairman

<hr/> Address	<hr/> City/State/Zip
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<hr/> Phone Work	<hr/> Home
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<hr/> E-Mail Address	<hr/> Name
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Number of Fields: Sporting Clays _____ Skeet _____ Trap _____ 5 Stand _____

Hours of Operations: _____

Directions to Gun Club: _____
