



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: _____		
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