

LSCA

Louisiana Sporting Clays Association

Shoot Number: _____

Shoot Name: _____

Shoot Date: _____

FINANCIAL REPORT

Club Name: _____

Mailing Address: _____

City: _____ Zip: _____

Club Contact: _____

Phone#: _____ Fax: _____

Email Address: _____ @ _____

DAILY FEES (\$0.03 per target)

Number of Targets: _____ @ .03 per target = \$ _____

Number of Re-entry Targets _____ @ .03 per target = \$ _____

TOTAL DAILY FEES REMITTANCE: \$ _____

All Shoot Reports must be received within 15 Days after the last day of the shoot to avoid a \$25.00 late charge. Results and Documentation must be sent in with payment.

Documentation must be a Shoot Report print out (shooters by Event)

Return this form and a check made payable to "LSCA"

Mail to the following address:

LSCA
Mark Chronister
665 Redbud Lane
Lake Charles, LA. 70607