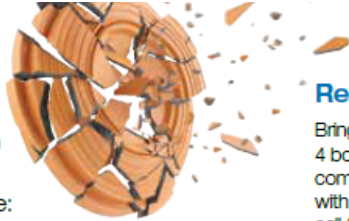




**SVMHF
SPORT SHOOT COMPETITION
AUGUST 5, 2015**

**COYOTE VALLEY SPORTING CLAYS
MORGAN HILL**



Payment Form

Please include payment with registration form and return by July 17, 2017.
Registration also available at our web site:
www.svmhfoundation.org.
Limited to first 100 confirmed shooters.

Shooter @ 200 each x _____ \$ _____

Sponsor level @ _____ \$ _____

Mulligans (max 2) @ \$25 each x _____ \$ _____

Raffle tickets:
\$5 each / 5 for \$20 / 40 for \$100 \$ _____

BBQ lunch only @ \$25 each x _____ \$ _____

I am unable to participate, but please accept my tax deductible donation. \$ _____

TOTAL ENCLOSED \$ _____

Enclosed is my check made out to: SVMH Foundation

Credit card:

Name

CC#

Exp Date

CVV2# (security code)

Mail to: SVMH Foundation, P.O. Box 4760, Salinas, CA 93912 or fax to 831-759-1833. For more information, visit svmhfoundation.org or call 831-759-1880. Tax ID#94-2641137

SVMHS Mktg/5-2017/PrintWork/850

Registration/Payment Form

Bring your own shotgun, eye and ear protection. Registration includes: 4 boxes of shells per person, BBQ, beverages, shooting fees and commemorative gift. All shooters must pre-pay. Please include payment with registration form and return by July 17, 2017. For more information, call (831) 759-1880 or visit our website: www.svmhfoundation.org. Mailing address: Salinas Valley Memorial Hospital Foundation, P.O. Box 4760, Salinas, CA 93912.

INDIVIDUAL SHOOTER(S):

Name: (Mr/Mrs/Ms) _____

Address: _____

City/State/Zip: _____

Phone #: _____

Circle one: **12** or **20** gauge _____

Name: (Mr/Mrs/Ms) _____

Address: _____

City/State/Zip: _____

Phone #: _____

Circle one: **12** or **20** gauge _____

Name: (Mr/Mrs/Ms) _____

Address: _____

City/State/Zip: _____

Phone #: _____

Circle one: **12** or **20** gauge _____

Name: (Mr/Mrs/Ms) _____

Address: _____

City/State/Zip: _____

Phone #: _____

Circle one: **12** or **20** gauge _____