



Sheridan County Sportsmen's Association Cancer Benefit Trap Shoot Registration Form



Saturday, June 18, 2022 - 9 a.m.

50 non-registered targets (check one) \$40 (one person) \$200 (5 person team) \$_____

(Not necessary to have team member names at this time)

Team Members:

T-shirt size (Men's)

XL	L	M	S
XL	L	M	S
XL	L	M	S
XL	L	M	S
XL	L	M	S

Additional Donation (toward Cancer Benefit Funds) \$_____

Total Enclosed (make checks payable to SCSA Cancer Benefit Shoot) \$_____

Name _____

Company name (if applicable) _____

Address _____

Phone _____ Email Address _____

First 100 Registered are entered into a drawing for a free one-year membership at Sheridan County Sportsmen's Assoc. (SCSA) – \$100 value

Mail or e-mail registration form to:

Tracy Landeis
601 Mountain Shadows Blvd., Sheridan, WY 82801
Phone: 307-763-0207
email: tmlandeis78@gmail.com

I am shooting in honor/memory of:

Thanks to our sponsors and donors: _____



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Funds raised benefit the Sheridan Memorial Hospital Foundation's Patient Comfort Care at the Welch Cancer Center.