



Together... families dream, hope, and soar

Shoot for the Stars Sporting Clay Shoot

Benefitting Down Syndrome Association of Acadiana

June 18, 2016 | GOL Shooting Range | 11919 Hwy 697, Maurice, LA

Registration

Pre-registration is recommended. On-site registration will be available, space permitting. Shooters under 18 must be accompanied by an adult on the team or chaperone.

Schedule

- 8:00 am On-site Registration
- 8:30 am Mandatory Safety Briefing
- 9:00 am Flight Begins
- 11:30 am Lunch & Raffle
- 1:00 pm Awards

Event Details

- Lunch and refreshments included.
- 100 Targets per shooter (17 stations).
- Shooters must provide required safety glasses and ear protection.
- Shoots must provide their own gun and shells. Shell sizes allowed are 7 1/2, 8 or 9.
- A limited number of golf carts are available for rent, must be paid for in advance and are non-refundable. Shooters can provide their own transportation (golf cart, mule). No ATV/4-wheelers allowed. Course can be walked.

Side Events

- Flurries and mulligans will be available for purchase the day of the shoot.

Raffle

\$20 per square for a chance to win a shotgun.

Awards & Prizes

1st Place award and door prizes.

Info & Sponsorship Opportunities

Call (337) 234-3109 or email dsaa@dsaa.info.

DSAA is a non-profit 501(c)(3) organization.

Shooter/Registration Fees

<input type="checkbox"/> Team (4 Person)	\$400	Mail completed registration form and check (payable to DSAA) to: DSAA Shoot for the Stars P.O. Box 81323 Lafayette, LA 70598
<input type="checkbox"/> Individual*	\$100	
<input type="checkbox"/> Cart Rental	\$100	
Total Payment:	\$	

Team Name:

Team Captain/Team Member #1

Name

Address

City/State/Zip

Cell

Age

Email

Team Member #2

Name

Address

City/State/Zip

Cell

Age

Email

Team Member #3

Name

Address

City/State/Zip

Cell

Age

Email

Team Member #4

Name

Address

City/State/Zip

Cell

Age

Email

The mission of the Down Syndrome Association of Acadiana (DSAA), a non-profit organization, is to provide information, advocacy and support concerning all aspects of life for individuals with Down syndrome, their families, and our community.

**One Time Credit Card Payment Authorization Form
Down Syndrome Association of Acadiana**

Sign and complete this form to authorize Down Syndrome Association of Acadiana to make a one-time debit to your credit card listed below for the following purchase and amount:

Item _____

Amount to be Charged _____

Please complete your payment information below:

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Cardholder Name: _____

Type of Card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other _____

Account Number _____

Expiration Date ____ / ____ / ____ **Security Code (CVV)** _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

SIGNATURE _____ **DATE** _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.