

Lester Prairie Sportsmen's Club, Inc.

P.O.B. 216 Club Phone when open (320) 395-2829

Lester Prairie, MN 55354

"2008" Wed. Night League Trapshooting Application "2008"

Team Name _____ **Team Captain** _____

P.O.B. # _____ **Address** _____ **City** _____ **Zip Code** _____

Daytime Phone: (____) - ____ - ____ **Night Phone:** (____) - ____ - ____ **Class** _____

E-Mail: (one E-Mail per Team, prefer Captain listed above) _____

P.S. Our you may want to use an E-mail address of someone that reads and answers their E-mail .

Wed. April 16, 2008 – 6:00 PM To 9:30 PM – Practice Only

Wed. April 23, 2008 – 6:00 PM To 9:30 PM – League & Practice

Doubles At 6:00 PM To 7:00 PM

Starting April 30, 2008 - 400 Target 16 Yard Individual Lewis Class

Team Membership remains at **\$40.00** per Team, regardless of number of shooters with a maximum of 8 shooters. Changes may be made during the year, but not during the last 4 weeks of the season, this year after the 23rd of July. **All NEW** League Teams start in Class 'C'. After the first half of shooting, 9 weeks, their shooting ability will be reviewed. They may be re-assigned to a Class that reflects their shooting ability. This could be a lower or higher class, or stay in Class C. *We suggest you have 5 shooters.*

Indicate on the right for each shooter if they plan to shoot Doubles & 400 -16 Yd Sgls.

Only the Complete Name & Phone Number

Doubles 16 Yd Sgls

- | | | | |
|---------------------|-------------------------|--------------------------|--------------------------|
| 1. Name: _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Name: _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name: _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Name: _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Name: _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sub # 1. Name _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sub # 2. Name _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sub # 3. Name _____ | Phone (____)____ - ____ | <input type="checkbox"/> | <input type="checkbox"/> |

Please mail or return Application & \$40.00 by April 16, 2008, Practice Date

To; Lester Prairie Sportsmen's Club, P.O.B. 216

Lester Prairie, MN 55354

Empty Hulls by the 100 or the Box of 500 sorted AA, or Box as they come off the ground, Yes ___ No ___

Date Payment Rec'd _____ Rec'd By _____