

Shooting Program Registration

Monday, June 19, 2006
Jean Lafitte Gun Club

Company/Organization/Agency Name _____

Address _____

City/State/Zip _____

Contact _____

Telephone/fax/e-mail _____

Scheduled Activity/Display _____

I have enclosed the \$60 display fee (includes 1 table and 2 chairs if needed) **\$ 60**
_____ Check here if table and chairs are **not** needed.

Please reserve additional tables and chairs:
_____ Extra tables @ \$20 = \$ _____
_____ Extra chairs @ \$4 = \$ _____
Total Shooting Program Fees \$ _____

NOTE: Registration fee is fully refundable if cancellation is received prior to May 10.
After May 10, a refund less \$20 will be made. No-shows will not receive refunds.

Make checks payable to OWAA or charge to _____ Visa _____ MC
_____ AmEx _____ Discover

Card No. _____ Exp. Date _____

Authorized Signature _____

Return this form by May 10 to Eileen King
OWAA
158 Lower Georges Valley Rd.
Spring Mills, PA 16875-9123
814-364-9557, 814-364-9558 fax