



Shooter Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Package Info:

Quantity	Package	Price	Total
_____	Adult Package (Pre-registration)	\$125	_____
_____	Adult Package (After March 31)	\$150	_____
_____	Youth Package (Pre-registration)	\$50	_____
_____	Youth Package (After March 31)	\$75	_____
	TOTAL		_____

Please include the name and shirt size for each shooter package. See attached form.

A La Carte Info:

Quantity	Item	Price	Total
_____	Breakfast Only	\$10	_____
_____	Lunch Only	\$20	_____
_____	Two-Man Flurry Competition*	\$10	_____
	TOTAL		_____

**Two Man Flurry: Only available with the purchase of an Adult or Youth package. Cost listed is per person, per round. 25 targets thrown. Teams of two. Top teams wins \$50/each.*

Contribution Info:

Tax Deductable Contribution _____

Total (from above) _____

Payment Info: _____ Check (made payable to Ben Lippen School) _____ Credit Card

Credit Card Type: _____ Cardholder's Name: _____

Card Number: _____ Expiration Date: _____

Mail form and payment to:

c/o Ben Lippen School • PO Box 3999 • Columbia, SC 29203
(803) 807-5510 • www.CedarCreekClassic.com