



Louisiana Sporting Clays Association

Shoot Number: _____

Shoot Name: _____

Shoot Date: _____

Financial Report

Club Name: _____

Mailing Address: _____

City/Zip: _____

Club Contact: _____

Phone Num: _____ Fax Num: _____

Email Address: _____

Daily Fees (\$.03 per Target)

Number of Targets: _____ @ .03 per target = \$ _____

Number of Re-Entry Targets: _____ @.03 per target = \$ _____

Number of JR/Sub JR Reduced Fees (\$20) = \$ _____

Total Daily Fees Remittance : \$ _____

☀ All Shoot Reports must be received within **15 Days** after the last day of the shoot to avoid a \$25.00 late charge. Results and Documentation must be sent in with payment.

☀ Documentation must be a shoot report print out (shooters by Event)

Return this form and a check made payable to: LSCA

Mail to the following address:

LSCA

Kim Carswell

3288 Evangeline Hwy

Jennings, La 70546

Cell 337-384-3645 work 824-2110

kim@cajunelite.com