

INDIANA FIELD ARCHERY ASSOCIATION

Indoor District

HOST CLUB: _____

DISTRICT NO.: _____

DATE: _____

	Total Number:	Amount:	Total:
OFFICERS \$20	_____	\$ 20.00	_____
ADULTS \$20	_____	\$ 20.00	_____
CHILD \$10	_____	\$ 10.00	_____
FAMILY - 2 OR MORE max \$40	_____	\$ 40.00	_____
GRAND TOTALS:	=====		=====

TOTAL FEES PAID (compare to registration)

TARGETS PROVIDED BY CLUB - CREDIT

25 CENTS EACH

PAY TO HOST CLUB (50%) PLUS TARGET PRICE

How paid: _____

IFAA (50%)

Senior Director/Officer:

Keep the duplicate copy of the of the score cards for 60 days.

Keep a copy of this form.

Give a copy of this form to the Host Club with their payment.

Mail the IFAA portion to the IFAA Treasurer along with a copy of this form.

Send a copy of the shooter information & score spreadsheet to the IFAA Secretary within three (3) days of shoot.

IFAA Treasurer: Ben Rance rbarchery@hotmail.com 1421 N CR 550 E, Logansport, IN 46947

IFAA Secretary: Jessica Shearier ifaaarchery@outlook.com

SIGNATURE OF IFAA OFFICER/DIRECTOR

DATE

he IFAA thanks you for hosting this tournament. This is your receipt, please retain this for your records