## **INDIANA FIELD ARCHERY ASSOCIATION Indoor State Championship**

DATE:				
	Total Number:	Amount:		Total:
OFFICERS \$0		\$	-	
PEE WEE \$0		\$	-	
REGULAR \$40		\$	50.00	
NO DISTRICT \$50		\$	70.00	
THIRD FAMILY MEMBER \$10		\$	10.00	
THIRD NO DISTRICT FAMILY MEMBER \$20		\$	30.00	
FOURTH FAMILY MEMBER \$10		\$	10.00	
FOURTH NO DISTRICT FAMILY MEMBER \$20		\$	30.00	
EACH FAMILY MEMBER OVER 4 \$5		\$	5.00	
EACH NO DISTRICT FAMILY MEMBER OVER 4 \$15	j	\$	20.00	
VISITOR \$50		\$	50.00	
GRAND TOTAL:				
TOTAL FEES PAID (c	compare to registration)			
LATE FEES (on registration)				\$20 each

TOTAL MINUS FEES AWARDS TOTAL TOTAL MINUS AWARDS EXPENSES IFAA 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: rbarchery@hotmail.com 1421 N CR 550 E, Logansport, IN 46947 Ben Rance IFAA Secretary: Jessica Shearier ifaaarchery@outlook.com

TOTAL WITH FEES

ONLINE STRIPE FEES (on registration) \_

SIGNATURE OF IFAA OFFICER/DIRECTOR The IFAA thanks you for hosting this tournament. This is your receipt, please retain this for your records.

DATE