INDIANA FIELD ARCHERY ASSOCIATION
3D State Championship

HOST CLUB: _____

DATE: _____

	Total Number:		Amount:		Total:
OFFICERS $40		**X**	$ 40.00	**=**	
ADULTS $40		**X**	$ 40.00	**=**	
CHILD $10		**X**	$ 10.00	**=**	
FAMILY - 2 OR MORE max $50		**X**	$ 50.00	**=**	
VISITOR $40		**X**	$ 40.00	**=**	
VISITOR UNDER 18 $10		**X**	$ 10.00	**=**	
GRAND TOTALS:					

TOTAL AMOUNT PAID BY CASH/CHECK (compare to registration)	**+**	
TOTAL AMOUNT PAID ONLINE (compare to registration)	**+**	
TOTAL ONLINE FEES PAID (on registration)	**-**	
TOTAL MINUS ONLINE FEES PAID	**=**	
AWARDS TOTAL	**-**	
TOTAL MINUS AWARDS	**=**	
PAY TO HOST CLUB (50%)		
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

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