

INDIANA FIELD ARCHERY ASSOCIATION

American Round State Championship

HOST CLUB: _____

DATE: _____

	Total Number:		Amount:	Total:
OFFICERS \$35	_____	X	\$ _____ 35.00	_____
ADULTS \$35	_____	X	\$ _____ 35.00	_____
CHILD \$15	_____	X	\$ _____ 15.00	_____
FAMILY - 2 OR MORE max \$50	_____	X	\$ _____ 50.00	_____
VISITOR \$35	_____	X	\$ _____ 35.00	_____
VISITOR UNDER 18 \$15	_____	X	\$ _____ 15.00	_____
GRAND TOTALS:	=====			=====

TOTAL AMOUNT PAID BY CASH/CHECK (compare to registration)	+	_____		
TOTAL AMOUNT PAID ONLINE (compare to registration)	+	_____	40%=	
AWARDS TOTAL	-	_____		
TOTAL	=	=====		
PAY TO HOST CLUB (60%)		_____		How paid: _____
IFAA (40%)		_____		
PAID TO TREASURER = IFFA (40%) TOTAL MINUS 40% PAID ONLINE		_____		

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.