

INDIANA FIELD ARCHERY ASSOCIATION

Indiana Classic 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.