

INDIANA FIELD ARCHERY ASSOCIATION

Indoor State Championship

DATE: _____

	Total Number:	Amount:	Total:
OFFICERS \$0	_____	\$ -	_____
PEE WEE \$0	_____	\$ -	_____
REGULAR \$50	_____	\$ 50.00	_____
NO DISTRICT \$70	_____	\$ 70.00	_____
THIRD FAMILY MEMBER \$10	_____	\$ 10.00	_____
THIRD NO DISTRICT FAMILY MEMBER \$30	_____	\$ 30.00	_____
FOURTH FAMILY MEMBER \$10	_____	\$ 10.00	_____
FOURTH NO DISTRICT FAMILY MEMBER \$30	_____	\$ 30.00	_____
EACH FAMILY MEMBER OVER 4 \$5	_____	\$ 5.00	_____
EACH NO DISTRICT FAMILY MEMBER OVER 4 \$20	_____	\$ 20.00	_____
VISITOR \$50	_____	\$ 50.00	_____
GRAND TOTAL:	=====		=====
	_____	_____	_____
	_____	_____	_____

TOTAL FEES PAID (compare to registration) _____

LATE FEES (on registration) _____ \$20 each

ONLINE STRIPE FEES (on registration) _____

TOTAL WITH FEES _____

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: Rick Koertge

Rk5979@att.com

5018 Mountville Ct

IFAA Secretary: Jessica Shearier

ifaaarchery@outlook.com

McCordsville, IN 46055

SIGNATURE OF IFAA OFFICER/DIRECTOR _____

DATE _____

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