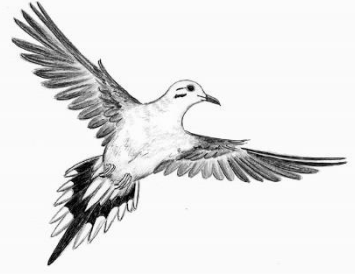


2017 Dove Shoot

Hosted by
Grand York Rite of Georgia



DATE: Saturday, October 14, 2017

Check-in 2:00 PM

PLACE: 24 Connell Rd. Tifton, GA
Must Follow Georgia Wildlife Regulations!

ASK ABOUT: GUN RAFFLE
AND 52 CARD DRAWING
SILENT AUCTION!

LIMITED SPACE
First Come First Served
CALL NOW!

COST

\$100 Per Shooter

LUNCH: FREE FOR PAID SHOOTER @Tifton Lodge 47

Number of Shooters _____ X \$100= Total \$ _____

Shooter No. 1 _____ Shooter No. 2 _____

Shooter No. 3 _____ Shooter No. 4 _____

Make Checks payable to GYR of GA, with Dove Shoot in the MEMO line.

Registration and Waiver Form on Reverse! Must be signed by all participants!

Deliver or mail to: Grand York Rite office

811 Mulberry Street Macon, GA. 31201

Event Contact: John Johnson (404) 580-7153

Email: jjshadow69@mindspring.com

CREDIT CARD PAYMENT

NAME on CARD _____

ADDRESS _____ City _____

STATE _____ ZIP _____

Card Number _____

Expiration MONTH _____ YEAR _____ CVV2 CODE _____

Comfort Inn and Suites

I-75 (exit 62) & Highway 82

320 South Virginia Ave., Tifton, GA 31794

(229)382-8250



REGISTRATION FORM

2017 Dove Shoot

Hosted by Grand York Rite of Georgia

Date: Saturday, October 14th, 2017

WAIVER

I know that participating in Shooting Sports is a potentially hazardous activity. I certify that I am in proper physical condition to participate in this event and that I assume all risk associated with my participation including but not limited to falls, incimate weather conditions (which might include; high heat, humidity etc), contact with other participants, and any other risk be they known or unknown by me. By my entry into this event, I hereby waive and release, for myself and anyone on my behalf, Grand York Rite of Georgia, their agents, sponsors, groups, individuals, or associates of this event of any liability whatsoever. Furthermore, I grant Grand York Rite of Georgia, its officers, members, and agents to use photographs and videos or any other recorded media from this event for any legitimate purpose they deem necessary.

Eye and ear protection is required!

<p style="text-align: center;">Shooter</p> Name _____ Address _____ City _____ State _____ Zip _____ Email _____ Phone _____ Emergency Contact _____ Phone Number _____ Shirt Size _____ Waiver Signature _____	<p style="text-align: center;">Shooter</p> Name _____ Address _____ City _____ State _____ Zip _____ Email _____ Phone _____ Emergency Contact _____ Phone Number _____ Shirt Size _____ Waiver Signature _____
<p style="text-align: center;">Shooter</p> Name _____ Address _____ City _____ State _____ Zip _____ Email _____ Phone _____ Emergency Contact _____ Phone Number _____ Shirt Size _____ Waiver Signature _____	<p style="text-align: center;">Shooter</p> Name _____ Address _____ City _____ State _____ Zip _____ Email _____ Phone _____ Emergency Contact _____ Phone Number _____ Shirt Size _____ Waiver Signature _____

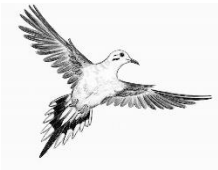
SPONSORSHIP REGISTRATION FORM

2017 Dove Shoot

Hosted by Grand York Rite of Georgia

DATE: Saturday, October 14th, 2017

PLACE: 24 Connell Rd. Tifton, GA



Make Checks Payable to: GYR of GA, Put Dove Shoot in Memo Line

Deliver or mail to: Grand York Rite office

811 Mulberry Street Macon, GA 31201

Event Contact: John Johnson (404) 580-7153

Email:jjshadow69@mindspring.com



Sponsor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsorship Level (Listed Below) _____ Amount: _____

Name you would like on sponsorship materials at event.

GRAND YORK RITE Level \$500.00

Name, York Rite Body, Lodge or Business Name prominently displayed with Large lettering on Event Banner, Event Station Sign.
6 tickets for event lunch

Commandery Level \$300.00

Name, York Rite Body, or Business Name displayed with Medium lettering on Event Banner, Event Station Sign.
4 tickets for event lunch

Council Level \$200.00

Name, York Rite Body, Lodge, or Business Name displayed with Small lettering on Event Banner.

Chapter Level \$100.00

Name, York Rite Body, Lodge, or Business Name on Event Station Sign.

CREDIT CARD PAYMENT

NAME on CARD _____

ADDRESS _____ City _____

STATE _____ ZIP _____

Card Number _____

Expiration MONTH _____ YEAR _____ CVV2 CODE _____

Salesperson Name

PHONE _____