

Squad Roster

(Please provide Date of Birth for all Greenwings)

Squad Leader

1. Name _____

Address _____

Phone _____

Email _____

2. Name _____

Address _____

Phone _____

Email _____

3. Name _____

Address _____

Phone _____

Email _____

4. Name _____

Address _____

Phone _____

Email _____

5. Name _____

Address _____

Phone _____

Email _____

*Squads greater than 5 can be accommodated if they include youth and mentors. Register together, shoot together. Call with questions or concerns.

Please list all shooters and their complete information above. This information is needed for their DU Membership!

Payment Information:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (____) - _____ - _____

Email: _____

Credit Card: Visa MC Discover AmEx

CC#: _____

Exp Date: _____ CV code _____

Signature: _____

Make checks payable to Ducks Unlimited and return completed reservations to:

Nicole Gigliotti, 232 West Rd, Salem, CT 06420

Phone: 401-261-2736 email: nicolectdu@gmail.com

___ Adult Shooter(s) @ \$100 \$ _____

___ Shooter's Package(s) @ \$150..... \$ _____

___ Sponsor Shooter(s) @ \$400..... \$ _____

___ Greenwing (17 or under) Shooters @ \$65..... \$ _____
(Must be accompanied by an adult)

___ Great Gun & Gear @ \$20 each \$ _____

___ Guns of the Year Raffle @ \$20 each \$ _____

___ Station Sponsor(s) @ \$150 each \$ _____

(Please contact Nicole Gigliotti to arrange your ad copy)

TOTAL..... \$ _____