

**6th
Annual
Shadow Buddies
Shoot-Out**

*A sporting clay event
benefiting the
Shadow Buddies
Foundation*



**SPECIAL GUEST
Corinne Mosher**
*Professional 3-Gun
Shooter and Firearms
Instructor*

SHOOTER INFORMATION

Please provide shooter information for each team of 4. If you have more than one team, please make a copy of this form and provide information for all shooters/teams. **Team information must be submitted by March 1, 2021.**

Shooter #1 Name _____

Company _____

Address _____

City/State/Zip _____ **Phone** _____

Email _____ **Shirt Size** _____

Shooter #2 Name _____

Company _____

Address _____

City/State/Zip _____ **Phone** _____

Email _____ **Shirt Size** _____

Shooter #3 Name _____

Company _____

Address _____

City/State/Zip _____ **Phone** _____

Email _____ **Shirt Size** _____

Shooter #4 Name _____

Company _____

Address _____

City/State/Zip _____ **Phone** _____

Email _____ **Shirt Size** _____

*For more information, please contact Shadow Buddies Foundation at
(913) 642-4646 or email Mallory@shadowbuddies.org*