



CLAYS FOR A CURE: REGISTRATION

FRIDAY NOVEMBER 15, 2019

HOSTED BY TAMPA BAY CHAPTER OF FINANCIAL EXECUTIVES INTERNATIONAL



fei®



SCHEDULE OF EVENTS:

- 8:00 am: Registration
- 8:45 am: Registration Ends & Safety Briefing
- 9:00 am: Shotgun start
- 12:00 pm: Awards Ceremony & Lunch

SEE REGISTRATION FORM FOR DETAILS

Contact:

Brian Adamski: BrianA@WestPointUw.com

Brady Diggs : Brady.Diggs@MBAhro.com

TAMPA BAY SPORTING CLAYS

10514 Ehren Cutoff

Land o' Lakes, FL 34639



CLAYS FOR A CURE: REGISTRATION

WHAT:

Clays for a Cure: A Charity Sporting Event
Hosted by the Tampa Bay Chapter of
Financial Executives International

WHY:

Proceeds directly benefit Bay Area Advisors to
support Moffitt Cancer Center's vision to trans-
form cancer care through service, science, and
partnership

WHEN:

Friday, November 15, 2019

SCHEDULE OF EVENTS:

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8:45 am: Registration Ends & Safety Briefing
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COST:

Team of 4 shooters: \$600
Individual shooter: \$175
Attendee only (includes lunch): \$25

WHERE:

Tampa Bay Sporting Clays
10514 Ehren Cutoff
Land O'Lakes, FL, 34639
(813) 929-6200
mytbsc.com

WHAT TO BRING:

- Eyeglasses, sunglasses or protective eyewear
- One gun needed per team (two preferred)
- Gun rentals available day of event
- Competitive spirit

REGISTRATION INCLUDES:

- Lunch provided by Salt & Citrus
- Safety training
- Clays
- Ear plugs
- Golf cart
- Ammunition

SPONSORSHIPS AVAILABLE:

- Station Sponsor: \$200
- Two representatives from your team at table
- Signage at sponsored hole
- Great chance to network with attendees
- Contact: Mike.Delp@ASMWaypoint.com for more info



CLAYS FOR A CURE: REGISTRATION

REGISTRATION:

<input type="checkbox"/>	Station Sponsor	\$200
<input type="checkbox"/>	Team of 4	\$600
<input type="checkbox"/>	Individual Shooter	\$175
<input type="checkbox"/>	Attendee Only	\$25

Contact Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Team Member's Names:

PAYMENT OPTIONS:

☐ Invoice

☐ Bill my credit card Mastercard VISA American Express Discover

Cardholder's name: _____

Card #: _____ Expiration Date _____

Signature _____

SUBMIT REGISTRATION FORM: to Denise Parker at
sdeniseparker@yahoo.com or call (813) 494-9551 by Friday, November 8, 2019.