



7<sup>th</sup> Annual

# MUCA *Classic* SHOOT OUT

Registration also available online at [www.muca.org](http://www.muca.org)

**OCTOBER 5, 2018 · MINNESOTA HORSE & HUNT CLUB · PRIOR LAKE, MN**

**PLEASE SELECT YOUR PAYMENT OPTION(S):**

- Registration**                      \$125 *(includes 18 station shoot with ammo, lunch, refreshments and prizes)*
- Raffle Item Donation**        Please indicate your donation amount in the space provided below.
- Social Hour Host**                \$200
- Station Sponsor**                 \$300 *(reps at station)*
- Lunch/Social Hour Only**       \$25

**SCHEDULE:**

11:00am            Registration and Lunch  
 12:00-2:30pm    Shoot  
 2:30pm             Social Hour and Prizes

Yes, I would like to make a contribution to MUCA: \$ \_\_\_\_\_

**GRAND TOTAL:**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Team Members (optional) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT**

- Check (make payable to MUCA)     Mastercard     Visa     American Express

*If paying by credit card, please fill out all information below:*

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security # \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_

- Billing address is same as above     Billing address is:

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Complete form and submit with payment to MUCA:**

1000 Westgate Dr. Suite 252 | St. Paul, MN 55114

Phone: 651-735-3908 Fax: 651-290-2266

Contact [info@muca.org](mailto:info@muca.org) with questions

*Cancellation Policy: Registration fee less a \$25 administrative charge may be refunded up to one week prior to the Shoot Out Classic. Cancellations after September 29, 2018 will not be refunded.*

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	



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OCTOBER 5, 2018

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### ADDITIONAL REGISTRANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### ADDITIONAL REGISTRANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### ADDITIONAL REGISTRANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### ADDITIONAL REGISTRANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### RATES

\$125 each

GRAND TOTAL: \$ \_\_\_\_\_

### PAYMENT

Check (payable to MUCA)     Visa     Mastercard     Discover     American Express

*If paying by credit card, all of the following fields are required.*

Card Number \_\_\_\_\_  
Phone \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing address same as above     Other:

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return this form with your payment to MUCA: 1000 Westgate Drive, Suite 252, St. Paul, MN 55114 or Fax: (651) 290-2266

**Questions? Contact Blake Finger at (651) 288-3423 or [blakef@ewald.com](mailto:blakef@ewald.com).**

*Due to PCI compliance, MUCA will only accept this form via fax or mail. Persons who attend the MUCA Annual Meeting grant permission to MUCA to record their visual/audio images, including but not limited to photographs, digital images, voices, sound or video recordings, audio clips, or accompanying written descriptions, and for MUCA to use their names and such recorded material without notification for any purpose, including advertisements for future programs and events.*

(For office use only)

initials		fin.
date		
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bal. due		