

REGISTRATION FORM



October 14, 2023

Entry fee: \$100 per person

Teams of 4

You must bring your own gun

-Bring 100 rounds of ammo per shooter or purchase from 5 Dogs

There will be an opportunity to purchase raffle tickets for various prizes.

(Tickets are \$20.00 each or \$100 for 6.)

Name:	
Phone number:	Email:
Are you signing up as a single or team?	
If you are signing up as a team member, what is the name of your team?	

Name of members on your team:

1.	2.
3.	4.

Payment method: Cash _____ Check _____ Card _____ Date of payment: _____

Print name as it appears on card: _____

Signature: _____ Card Number: _____

Exp. Date: _____ CVV: _____ Billing Address w/ Zip Code: _____

For questions or donations, contact:

Ernie Gollehon or Erin Rogers:
(661)326-1907

Make checks payable to:
Bakersfield Pregnancy Center
P.O. Box 1430
Bakersfield, CA 93302

Sponsors:

Name:		Name:
Address:		Address:

Phone: _____ Email: _____		Phone: _____ Email: _____
Sponsorship: _____ \$5 _____ \$10 _____ \$20 _____ \$25 _____ \$50 _____ Other		Sponsorship: _____ \$5 _____ \$10 _____ \$20 _____ \$25 _____ \$50 _____ Other
Paid _____ Bill Me _____ Paid Online _____		Paid _____ Bill Me _____ Paid Online _____
Name: _____		Name: _____
Address: _____		Address: _____
Phone: _____ Email: _____		Phone: _____ Email: _____
Sponsorship: _____ \$5 _____ \$10 _____ \$20 _____ \$25 _____ \$50 _____ Other		Sponsorship: _____ \$5 _____ \$10 _____ \$20 _____ \$25 _____ \$50 _____ Other
Paid _____ Bill Me _____ Paid Online _____		Paid _____ Bill Me _____ Paid Online _____
Name: _____		Name: _____
Address: _____		Address: _____
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Sponsorship: _____ \$5 _____ \$10 _____ \$20 _____ \$25 _____ \$50 _____ Other		Sponsorship: _____ \$5 _____ \$10 _____ \$20 _____ \$25 _____ \$50 _____ Other
Paid _____ Bill Me _____ Paid Online _____		Paid _____ Bill Me _____ Paid Online _____

Name: _____		Name: _____
Address: _____		Address: _____
Phone: _____ Email: _____		Phone: _____ Email: _____

<p>Sponsorship: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other</p> <p>Paid <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Online <input type="checkbox"/></p>		<p>Sponsorship: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other</p> <p>Paid <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Online <input type="checkbox"/></p>
<p>Name:</p>		<p>Name:</p>
<p>Address:</p>		<p>Address:</p>
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<p>Sponsorship: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other</p> <p>Paid <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Online <input type="checkbox"/></p>		<p>Sponsorship: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other</p> <p>Paid <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Online <input type="checkbox"/></p>
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<p>Phone: Email:</p>		<p>Phone: Email:</p>
<p>Sponsorship: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other</p> <p>Paid <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Online <input type="checkbox"/></p>		<p>Sponsorship: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other</p> <p>Paid <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid Online <input type="checkbox"/></p>