



Old Glory Sporting Clay Tournament

June 12, 2026

Individual Name: _____ Company Name: _____

Contact Person: _____ Company URL www. _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsorship Packages

Which sponsorship level are you interested in?*

☐ Platinum (\$2000 and up) ☐ Gold (\$1500) ☐ Silver (\$1200) ☐ Station (\$300) ☐ No Thank You

Please enter sponsorship total (if applicable): _____ Any additional donation amount: _____

* If you are sponsoring the event, please send the best version of your logo to phatton@huntsforhealing.org.

Registration Costs

Teams of LESS THAN 4 will be considered individual shooters. Special deal – enter a 5-person team for \$875 and deduct the lowest score for awards consideration.

We have a limited number of veterans to augment your team (at your cost). If you desire this option, print "NEED A VET" in the name space on this form's participants section.

Number of 4-person teams: _____ Number of 4-person teams x \$700: _____

Number of 5-person teams: _____ Number of 5-person teams x \$875: _____

Number of individual shooters: _____ Number of individual shooters x \$175: _____

Flight Choice

Please choose one: ☐ 8:30am ☐ 1:30pm

Questions? Call Pete at (570) 746-3082 or email at phatton@huntsforhealing.org

Old Glory Sporting Clay Tournament is held at Rock Mountain Sporting Clays

www.rockmountainclays.com

(570) 965-7625



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Participant 1: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

Participant 2: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

Participant 3: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

Participant 4: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

Participant 5: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

Participant 6: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

Participant 7: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

Participant 8: _____

Gender: ☐ Male ☐ Female

Gauge Choice: ☐ .12ga ☐ .20ga

NOTE: Registration is not confirmed until payment is received.

Return form and payment to a Hunts for Healing Volunteer -or- mail to:

Hunts for Healing OGS, PO Box 728, Wyalusing, PA 18853

Please make check payable to: Hunts for Healing of the Luzerne Foundation

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