

SHOOT FOR SCARC FOUNDATION
2024 Sporting Clay Shoot

Tuesday, April 30, 2024

Hudson Farm, Andover, NJ



Dear Friends,

Please join us on Tuesday, April 30, 2024 at Hudson Farm in Andover, New Jersey for a day of fun and sportsmanship. There will be prizes and raffles, but most of all you will be supporting a great organization that provides programs and services to nearly 750 people with developmental disabilities. **Space is limited to 80 shooters, so make your reservations early.**

If you can't participate that day, perhaps you would consider being a station or event sponsor. Your company's name would appear on event signage to show your support of the event.

We hope to hear from you soon and look forward to seeing you at the event.

Best regards,
Chris Hemmer
Chief Executive Officer, SCARC Foundation

The Program

8:30 am

Registration & Breakfast

9:30 am

Safety Instruction, Course Rules & Firing of the Cannon

10:00am

Shoot Begins
Round of 100 Sporting Clay targets through the sporting clay course.

1:00pm

Lunch & Awards
THIS IS A RAIN OR SHINE EVENT

Awards will be given for:
Top Overall Shooter
Best Team Score

Ammunition for the 100 clay event and eye protection will be provided. Limited Shotguns are available if needed.
(Please indicate on the registration form if you will need one).

Event Packages

- ___ Event Sponsor for **\$5,500**.
- Includes 2 teams of four, cart & 2 Station Signs**
- ___ Team (4 shooters) & Station Sign Sponsor for **\$2,850**.
- ___ Please reserve ___ team(s) of four shooters for **\$2,700 each**.
- ___ Please reserve spots for ___ shooter(s) at **\$725 each**.
- ___ I would like to be a Station Sponsor at **\$250 a sign**.

Please RSVP by Tuesday, April 16, 2024

Golf Attire is Required
No Jeans

Name: _____ Title: _____

Company: _____ Contact Person: _____

Address: _____ Day Phone: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Send Response to:
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For more information contact:
 Chris Hemmer at ext. 260 or chemmer@scarc.org

For more information about the
SCARC Foundation
 visit our website at www.scarcfoundation.org

Payment Method

Enclosed is my check (made out to SCARC Foundation) for full payment of the requested packages.

Please charge the following credit card for the full payment of the requested packages:

American Express Discover MasterCard Visa

Card Number: _____ Zip Code: _____ Exp. Date: _____

3-Digit CVV Number on Back of Card (4-Digits on front of AMEX) _____

*a 3% processing fee will be added to any payments made by credit card

Name on Card: _____

Billing Address of Card: _____

Signature: _____