

SHOOT FOR SCARC FOUNDATION
2025 Sporting Clay Shoot

Tuesday, May 6, 2025

Hudson Farm, Andover, NJ



Dear Friends,

Please join us on Tuesday, May 6, 2025 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 **\$5,800.**

Includes 2 teams of four, cart & Station Sign

___ Team (4 shooters) & Station Sign Sponsor for **\$3,000.**

___ Please reserve ___ team(s) of four shooters for **\$2,850 each.**

___ Please reserve spots for ___ shooter(s) at **\$750 each.**

___ I would like to be a Station Sponsor at **\$250 a sign.**

Please RSVP by Tuesday, April 22, 2025

**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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Tel: 973-383-7442 • Fax: 973-383-2436 • www.scarcfoundation.org

For more information contact:

Chris Hemmer at ext. 260 or chemmer@scarc.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: _____

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