

SHOOT FOR SCARC FOUNDATION  
2026 Sporting Clay Shoot

Tuesday, May 5, 2026

Hudson Farm, Andover, NJ



Dear Friends,

Please join us on Tuesday, May 5, 2026 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 **\$7,000.**

**Includes 2 teams of four, cart & Station Sign**

\_\_\_ Team (4 shooters) & Station Sign Sponsor for **\$3,800.**

\_\_\_ Please reserve \_\_\_ team(s) of four shooters for **\$3,550 each.**

\_\_\_ Please reserve spots for \_\_\_ shooter(s) at **\$900 each.**

\_\_\_ I would like to be a Station Sponsor at **\$350 a sign.**

**Please RSVP by Tuesday, April 21, 2026**

**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@scarcfoundation.org](mailto:chemmer@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: \_\_\_\_\_

**For more information about the  
SCARC Foundation  
visit our website at [www.scarcfoundation.org](http://www.scarcfoundation.org)**