

# Francis Marion Memorial Swamp Fox Assault XXXI Registration Form

Name(s): \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

If possible, please squad with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of shooters: \_\_\_\_\_ **X** \$30 (Includes \$10 clean-up deposit) = \_\_\_\_\_

Number of Non-Members (Affiliate Fee): \_\_\_\_\_ **X** \$5 = \_\_\_\_\_

T-shirts: Large: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_ XXXL: \_\_\_\_\_

Total Number of T-shirts: \_\_\_\_\_ **X** \$13(per shirt) = \_\_\_\_\_

Total (check enclosed, make payable to ALGC): \_\_\_\_\_

\_\_\_\_\_

Please print out and mail the form & check to:

Roy Mitchell  
7519 Newport Ave  
Parma, OH 44129