

Registration Form 2024 Invitational Clinic Rolling Hills Shooting Preserve, June 1 & 2

Handler Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

NAVHDA Number: _____

Please send a \$200 check payable to Michigan NAVHDA to:

Dave Laing

10450 west Z ave

Schoolcraft, MI 49087