

# COLUMBIA MEDICAL SOCIETY MEMBER/GUEST SPORTING CLAY BENEFIT TOURNAMENT

Join friends and colleagues on **Saturday, October 29, 2011, at Hermitage Farm in Camden, SC** for the inaugural Member/Guest Sporting Clay Benefit Tournament. Sponsorship proceeds from the event **will fund scholarships to medical students enrolled at the USC School of Medicine** through the Society's Grants-in-Aid Fund. The Fund is a 501(c)(3) organization established exclusively to provide scholarships to students enrolled in the USC School of Medicine. Funds available are exhausted annually through scholarship awards.

### EVENT SCHEDULE

1:00 p.m.	Registration Opens
1:45 p.m.	Gun safety refresher - Mandatory for <b>all</b> shooters
2:00 p.m.	Shooters begin
4:30 p.m.	Reception
5:30 p.m.	BBQ dinner and awards

### SHOOTER INFORMATION

Shooter packages include: 100 targets, 14 stands, 4 boxes of shells, bottled water, event T-shirt, reception and BBQ dinner. Awards will be made in a variety of categories. Shooters will be organized into teams of three. Shooters may register individually or as a team. The event is limited to 84 shooters.

### FEES

**\$ 125 each for Columbia Medical Society members and non-physician guests**

Note: An adult must accompany shooters under 18.

**\$ 250 each for Non-member Physicians**

Note: \$125 of the event fee paid by non-member physicians who join the Society within three months of the event will be applied toward the cost of membership

**\$ 25 each Guest fee, for reception and dinner only.** Children under 12 eat for free.

### REGISTRATION

**Please provide name, mailing address, age and phone number for each shooter.**

Check one: **Team registration**       **Individual registration**

Fees:

Shooter 1:	Name _____	Age _____	
	Address _____	Phone _____	\$ _____
Shooter 2:	Name _____	Age _____	
	Address _____	Phone _____	\$ _____
Shooter 3:	Name _____	Age _____	
	Address _____	Phone _____	\$ _____

Are any shooters non-member physicians?  yes  no If so, please indicate which one(s) and include appropriate fee(s).

Please provide names of any guests who will attend only the reception and dinner and include \$25 for each.

\_\_\_\_\_ \$ \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Make check payable to **Columbia Medical Society Grants-in-Aid Fund** and mail with completed form **by no later than Friday, October 14, 2011** to: Columbia Medical Society, 1214 Henderson Street, Columbia, SC 29201. For additional information, please call 803-765-1498 or email [nancy@columbiamedicalsociety.org](mailto:nancy@columbiamedicalsociety.org)