

Scarborough Fish & Game IDPA

Introduction To Action Shooting/IDPA

Clinic Registration Form

Please Print Clearly

First Name: _____ Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

IDPA Member: Yes _____ No _____ If Yes IDPA# _____

Date of clinic you wish to attend: _____

Cost: \$125.00

Please mail this form along with your **non-refundable (if you are a no-show for the clinic)** registration fee of \$125.00 to the address below. **You will not be considered registered for a clinic until your registration form and payment are received.**

Make checks out to: Scarborough Fish & Game IDPA

Mail registration form & payment to:

Scarborough Fish & Game IDPA

C/O Mark Sontz 12 Frost Hill Road Portland, ME. 04103