



# FRIDAY SEPTEMBER 22, 2017

HOSTED BY TAMPA BAY CHAPTER OF FINANCIAL EXECUTIVES INTERNATIONAL

## SCHEDULE OF EVENTS:

8:00 am: Registration

8:45 am: Registration Ends & Safety Briefing

9:00 am: Shotgun start

12:00 pm: Awards ceremony & Lunch



**fei**

financial executives  
international



Dominion Payroll

*Salt &*  
CITRUS  
A SaltBlock Hospitality Company

SEE REGISTRATION FORM FOR DETAILS

### CONTACT:

Brady Diggs: [bdiggs@vaco.com](mailto:bdiggs@vaco.com)

Brian Adamski: [adamskib@westpointuw.com](mailto:adamskib@westpointuw.com)

TAMPA BAY SPORTING CLAYS

10514 Ehren Cutoff

Land o' Lakes, FL 34639



# CLAYS FOR A CURE: INFORMATION

## WHAT:

Clays for a Cure: A Charity Sporting Event  
Hosted by the Tampa Bay Chapter of  
Financial Executives International

## WHY:

Proceeds directly benefit Bay Area Advisors to  
support Moffitt Cancer Center's vision to trans-  
form cancer care through service, science, and  
partnership

## WHEN:

Friday, September 22nd, 2017

## SCHEDULE OF EVENTS:

8:00 am: Registration  
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## WHAT TO BRING:

- Eyeglasses, sunglasses or protective eyewear
- One gun needed per team (two preferred)
- Competitive spirit
- Gun rentals available day of event

## COST:

Team of 4 shooters: \$600  
Individual shooter: \$175  
Attendee only (includes lunch): \$25

## REGISTRATION INCLUDES:

- Lunch from Salt & Citrus
- Safety training
- Clays
- Ear plugs
- Golf cart
- Ammunition

## WHERE:

Tampa Bay Sporting Clays  
10514 Ehren Cutoff  
Land O'Lakes, FL, 34639  
(813) 929-6200  
mytbsc.com

## SPONSORSHIPS AVAILABLE:

- Station Sponsor: \$200
- Two representatives from your team at table
- Sinage at sponsored hole
- Great chance to network with attendees
- Contact: Brady Diggs for more info



# CLAYS FOR A CURE: REGISTRATION

## REGISTRATION:

<input type="checkbox"/>	Station Sponsor	\$200
<input type="checkbox"/>	Team of 4	\$600
<input type="checkbox"/>	Individual Shooter	\$175
<input type="checkbox"/>	Attendee Only	\$25

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Member's Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT OPTIONS:

Invoice

Bill my credit card    Mastercard    VISA    American Express    Discover

Cardholder's name: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**SUBMIT REGISTRATION FORM:** to Denise Parker at [sdeniseparker@yahoo.com](mailto:sdeniseparker@yahoo.com) or call (813) 494-9551 by Friday, September 15, 2017.