

Midland Community Former Offenders Advocacy and Rehabilitation (MCFOAR) invites you to attend its

# SPORTING CLAYS TOURNAMENT

June 22, 2019 | 9 a.m. | Bay County Conservation & Gun Club

**Midland Community  
Former Offenders  
Advocacy and Rehabilitation**



Midland Community Former Offenders Advocacy and Rehabilitation (MCFOAR) has a mission to reduce the crime rate of former offenders in the Midland County area and make the community a safer place. We help ex-offenders upon release and provide them with necessary tools to aid in their transition back into society. This program is available to all former offenders who reside in the Midland County area. We aid in areas of housing, food assistance, medical and mental health referral, employment readiness, clothing, addiction Issues and mentoring services.

**Individual Shooter - \$100**

**Squad (5 people) - \$500**

### Each shooter will receive:

- Chance to win door prizes
- Chance to win a shotgun raffle
- Chance to win first place prize
- Lunch
- Access to Sporting Clay Course
- 100 rounds of ammunition, (12&20 g)

### Please complete the form below and mail to:

MCFOAR Sporting Clays Tournament  
1415 Washington St.  
Midland, MI 48640

Please make all checks payable to MCFOAR

### Questions?

Email us at [mcfoar@yahoo.com](mailto:mcfoar@yahoo.com)

OR

Give us a call at 989-423-1124

MCFOAR is a 501(c)(3) organization. EIN 81-2927442

**Individual Shooter Name:** \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Squad Name:** \_\_\_\_\_

**Participant #1 Name:** \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Participant #2 Name:** \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Participant #3 Name:** \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Participant #4 Name:** \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Participant #5 Name:** \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Email: \_\_\_\_\_