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For more information, contact reastman@ecommunity.com or call 765.776.8458.

Return form to CHRH Foundation, 3548 S. Lafountain, Kokomo, IN 46902

Community
Howard Regional Health
Foundation

3548 S. Lafountain
Kokomo IN 46902

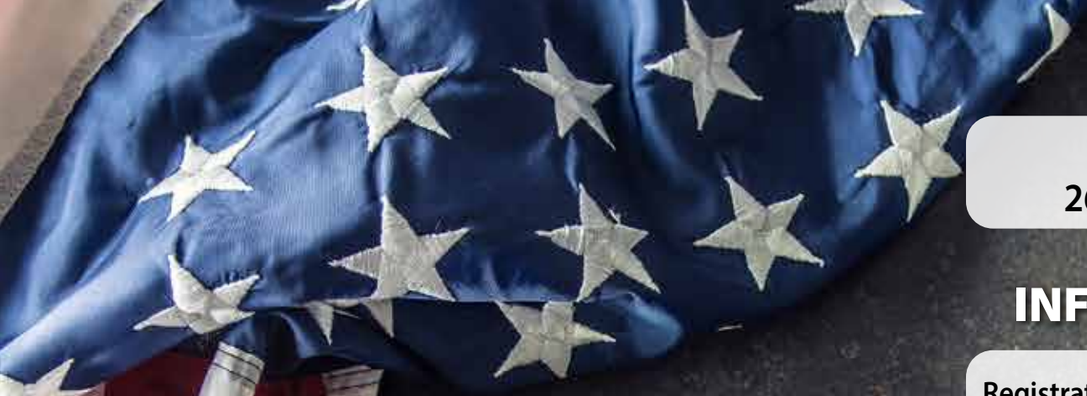
SPORTING CLAY SHOOT
FUNDRAISER
SEPTEMBER 20, 2026

5th Annual
Shooting for the Stars

Sunday, September 20, 2026

Sporting Clay Shoot Fundraiser to benefit Community Howard Regional Health Foundation Veterans Fund and Local Law Enforcement.

Community
Howard Regional Health
Foundation



HAVE SOME FUN AS WE SHOOT FOR THE STARS TO BENEFIT OUR VETERANS AND LOCAL LAW ENFORCEMENT

For information on sponsorships or to register by phone call 765.776.8458!

Send in your registration today!

Your support will benefit Community Howard Regional Health Foundation Veterans Fund and medical supplies for local law enforcement.

LOCATION

Izaak Walton
2629 S. 200 E., Kokomo, IN 46902

INFO/SCHEDULE OF EVENTS

Registration: 8:00 – 9:00 a.m. (Safety meeting 9:15 a.m.)

Lunch and beverages included, following the shoot!

$400 per team of four or $100 per person

12 or 20 gauge shot guns
(must supply your own gun or share with team members)

ALL PEOPLE ON THE COURSE,
be it participant or spectator, MUST supply their own EAR and EYE protection!.

You supply your own shells (8 or 9's) or purchase from Izaak Walton.

CASH PRIZES

CLAY MULLIGANS AVAILABLE

Community Howard Regional Health Foundation

Rain Date: September 27, 2026

REGISTRATION FORM

____ We would like to reserve a team of four at $400 or $100 per person.

____ We would like to reserve a team with a Clay Sponsor Sign at $600.

____ We cannot participate but would like a Clay Sponsor Sign at $250.

____ We would like to make $_____ in support of the event.

Name_____ Name_____

Name_____ Name_____

Team Prizes - Please indicate your team category: _____ Amateur

_____ Law Enforcement: If two or more on your team of four are law enforcement

Individual Prizes will be awarded for:

Best shooter (women) Best shooter (men)

Best shooter (law enforcement) Best shooter (youth-under 18)

Company Name (if applicable): _____

Contact: _____

Email Address: _____

Address: _____

Phone Number: _____

Payment Enclosed: $_____ Invoice me: _____

Name on Credit Card:_____

Exp. Date:_____ V-Code: _____

Credit Card #: _____

Make checks payable to Community Howard Regional Health Foundation.
Return to: 3548 S. Lafountain, Kokomo, IN 46902 by September 10, 2026.

If you anticipate purchasing ammo from Izaak Walton, please indicate quantity and gauge on this form.

At time of print: ____ $10 (boxes of 25, 12 gauge ammo)

____ $10 (boxes of 25, 20 gauge ammo)

This does not obligate you to purchase the ammo from Izaak Walton that day. We want an adequate supply on hand.