

**2024 16yd League Trap Shoot
Team Roster**

Team Name: _____

Captain: _____ **Phone#:** _____

#	First Name	Last Name	Trophy Fee	Pd
1			\$10	
2			\$10	
3			\$10	
4			\$10	
5			\$10	
6			\$10	

Please submit your roster with all of the team member fees to Cheryl Demulling, Lot 12D.