



**GREEN VILLAGE VOLUNTEER FIRE DEPARTMENT  
&  
SYNCURE CANCER RESEARCH FOUNDATION**

**The Fall Blast 2008**  
*Sporting Clays Charity Fun Shoot*

**When:** Sunday, October 19, 2008 (Breakfast 8:30-9:00 AM), Shooting starts 9:00 AM sharp!

**Where:** Miele Field on Britten Road, Green Village (Chatham Township), New Jersey

**Featuring**

- ★100 Sporting Clays Targets
  - ★Breakfast & Lunch
  - ★Side Events
  - ★Prizes & Trophies
- (Lewis Class Option Available)

All inclusive entry fee: \$100 (Net proceeds to support life-saving cancer research)

**Note:** The 2007 Fall Blast was oversubscribed and sold-out quickly; therefore, we would suggest completing your registration ASAP to avoid disappointment. Than You.

**★SAVE THE DATE ★PRE-REGISTRATION REQUIRED ★ENTRIES LIMITED ★REGISTER NOW**

Questions or for additional information, please contact Steve Roman  
Tel: (973) 808-1580 Fax: (973) 227-0405 Email: kobrom@rcn.com



**FALL BLAST 2008 REGISTRATION FORM**

PLEASE PRINT THIS FORM, COMPLETE ALL INFORMATION AND MAIL WITH PAYMENT TO ADDRESS LISTED BELOW. THANK YOU AND WE LOOK FORWARD TO SEEING YOU AT THE FALL BLAST 2008.

**PLEASE PRINT OR TYPE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE SQUAD ME WITH:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGISTERING AS AN INDIVIDUAL, WILL SQUAD AT EVENT

ENTRY-FEE \$100  LEWIS CLASS OPTION \$10

TOTAL ENCLOSED: \$ \_\_\_\_\_

**CHECK/MONEY ORDER PAYABLE TO:**  
SYNCURE CANCER RESEARCH FOUNDATION

**PLEASE MAIL REGISTRATION FORM AND PAYMENT TO:**  
SYNCURE CANCER RESEARCH FOUNDATION  
POST OFFICE BOX 1803  
WEST CALDWELL, NJ 07007-1803

SynCure is recognized by the US Government as a 501 ( c ) ( 3 ) non-profit public charitable organization . Therefore, the donation portion of your entry fee is tax deductible and you will receive a receipt for tax purposes.

SynCure's Federal ID No.:  
31- 1574909

I cannot attend, but would like to make a tax deductible contribution of \$ \_\_\_\_\_

Eye and hearing protection is required. All shooters will adhere to accepted shotgun safety procedures. Decisions of shoot management are final.

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Form of payment: \_\_\_\_\_

Squad assignment No.: \_\_\_\_\_