

BCGC CLINIC
INCOME/EXPENSE FORM

CLINIC: High-Power A/R-15 Clinic

Date of Clinic: _____

Instructor: _____

Match Work-Day: 8:00 AM - _____

Number of Total Clinic Participants: _____

 Juniors _____

 Ladies _____

Total Cash & Check (**made out to BCGC**) Fees Received (late Sign-Up):

\$ _____