



Down Syndrome Association
of Acadiana

Together... families dream, hope, and soar

PRESENTS



Down Syndrome Association of Acadiana

SATURDAY, MARCH 29, 2025
ED'S SPORTING GOODS - KAPLAN, LA

Register Online/Learn More: www.dsaa.info/clayshoot
Contact: 337-234-3109 | Email: dsaa@dsaa.info

On-site registration begins at 7:00 a.m.

★ **Flight begins at 8:00 a.m.** ★
2nd Flight available if needed

Breakfast, Lunch, Live Auction, Gun Raffles, and more!

TEAM FEES

4-person Team - \$400

Individual - \$100

Youth 4-person Team - \$400

Youth shooters are age 8 - 18 years of age



AWARDS

HOA- Men

HOA - Women

HOA - Youth

Top Team

Top Youth Team

Lowest Shooter

Shoot for the Stars Sporting Clay Shoot

March 29, 2025 | Ed's Sporting Goods | Kaplan, LA

Registration

Pre-registration is mandatory. Youth shooters are 8 – 18 years of age. (Must be accompanied by an adult)

Schedule

- 7:00 am - 1st Flight Check-in/Registration
- 7:45 am - Mandatory Safety Briefing
- 8:00 am - 1st Flight Begins
- 9:00 am - 2nd Flight Check-in/Registration
- 9:15 am – Mandatory Safety Briefing
- 10:00 am – 2nd Flight Begins

Lunch, Live Auction, Gun Raffles, Awards after 2nd flight returns

Event Details

- Breakfast, lunch, and refreshments included.
- 100 Targets per shooter (17 stations).
- Shooters must wear required safety glasses and ear protection.
- Shooters must provide their own gun and shells. Shell sizes allowed are 7 1/2, 8, or 9.
- Shooters provide their own transportation (golf cart, mule). No ATV/4-wheelers allowed.

Awards & Prizes

- Top Team
- Top Youth Team
- HOA – Men, Women, & Youth
- Lowest Shooter

Info & Sponsorship Opportunities

Call (337) 234-3109 or email dsaa@dsaa.info
DSAA is a non-profit 501(c)(3) organization.

Shooter/Registration Fees		Mail completed registration form and check (payable to DSAA) to: DSAA Shoot for the Stars P.O. Box 81323 Lafayette, LA 70598
<input type="checkbox"/> Team (4 Person)	\$400	
<input type="checkbox"/> Individual	\$100	
<input type="checkbox"/> Youth (4 Person)	\$400	
Total Payment: \$_____		
Team Name:		
Team Captain/Team Member #1		
Name:		
Address:		
City/State/Zip:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Youth	Age (if youth):	
Cell:	Email:	
Team Member #2		
Name:		
Address:		
City/State/Zip:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Youth	Age (if youth):	
Cell:	Email:	
Team Member #3		
Name:		
Address:		
City/State/Zip:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Youth	Age (if youth):	
Cell:	Email:	
Team Member #4		
Name:		
Address:		
City/State/Zip:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Youth	Age (if youth):	
Cell:	Email:	