

# PLEASE JOIN US FOR THE 22<sup>ND</sup> ANNUAL LARRY WALLDEN CLAY SHOOT

**FRIDAY, AUGUST 8, 2025 | 10 AM - 4:30 PM**

**OAK RIDGE SPORTSMAN'S CLUB | 13001 WEISHAUP RD, MACKINAW, IL**

10 AM | Registration & Brunch

11 AM | Shotgun Start

3:00 PM | Dinner & Awards

*\*alcohol will not be allowed until shooting is finished and guns are cased*

## **SPONSORSHIP LEVELS**

\$1,800 includes 4 shooters

\$2,000 includes 5 shooters

Sponsorship includes shooter team, ammunition, food & beverage plus team name on event signage



**OSF HEALTHCARE**  
Foundation

## **REGISTRATION**

\$250 individual shooter

\$1,000 non-sponsor 4 shooter team

\$1,250 non-sponsor 5 shooter team

**THIS EVENT SUPPORTS THE MS  
CLINIC AT OSF HEALTHCARE  
ILLINOIS NEUROLOGICAL INSTITUTE.**



**TO REGISTER ONLINE:  
OSFHEALTHCAREFOUNDATION.  
ORG/MSCLAYSHOOT OR  
SCAN THE QR CODE**

# 22<sup>ND</sup> ANNUAL LARRY WALLDEN CLAY SHOOT

## BENEFITING THE MS CLINIC AT OSF HEALTHCARE ILLINOIS NEUROLOGICAL INSTITUTE

### SPONSORSHIP

**Choose one:**

- ☐ 4 Person Sponsor Team \$1,800.00  
☐ 5 Person Sponsor Team \$2,000.00

Team Name/Business Name: \_\_\_\_\_

Team Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shooter name, phone # and if you will use 12 gauge or 20 gauge

**Please circle one:**

#1	12	20	Name _____	Phone _____
#2	12	20	Name _____	Phone _____
#3	12	20	Name _____	Phone _____
#4	12	20	Name _____	Phone _____
#5	12	20	Name _____	Phone _____

### REGISTRATION

**Choose one:**

- ☐ Individual Shooter \$250  
☐ 4 Person Non-Sponsor Team \$1,000.00  
☐ 5 Person Non-Sponsor Team \$1,250.00

Team/ Business/ Shooter Name: \_\_\_\_\_

Team Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shooter name, phone # and if you will use 12 gauge or 20 gauge

**Please circle one:**

#1	12	20	Name _____	Phone _____
#2	12	20	Name _____	Phone _____
#3	12	20	Name _____	Phone _____
#4	12	20	Name _____	Phone _____
#5	12	20	Name _____	Phone _____

-See Back for More Details-

# 22<sup>ND</sup> ANNUAL LARRY WALLDEN CLAY SHOOT

## BENEFITING THE MS CLINIC AT OSF HEALTHCARE ILLINOIS NEUROLOGICAL INSTITUTE

### DONATION

I am unable to participate this year but please accept my donation \$\_\_\_\_\_

### PAYMENT

If paying by check please make it out to **OSF HealthCare Foundation** and mail to:

OSF HealthCare Foundation  
124 SW Adams St, Peoria, IL 61602  
Attn: Events Team c/o MS Clay Shoot

**\*\*Please return a copy of completed form with payment\*\***

TO REGISTER ONLINE VISIT:  
**[OSFHEALTHCAREFOUNDATION.ORG/MSCLAYSHOOT/](http://OSFHEALTHCAREFOUNDATION.ORG/MSCLAYSHOOT/)**  
OR SCAN CODE



### FOR QUESTIONS OR ADDITIONAL INFORMATION CONTACT:

Gavin Mitchell | (309) 643 - 7853 | [gavindmitchell11@gmail.com](mailto:gavindmitchell11@gmail.com)  
Mykenzie Roberts | (309) 566 - 5683 | [mykenzie.s.roberts@osfhealthcare.org](mailto:mykenzie.s.roberts@osfhealthcare.org)



**OSF HEALTHCARE**  
Foundation

*Reminder: Per the IRS, Donor Advised Funds & IRA  
Qualified Charitable Distributions may not be used to pay  
for event sponsorships or registrations in whole or part  
since a tangible event benefit is received in return.*