



## **Pioneer Chapter**

OREGON HUNTER'S ASSOCIATION

28th Annual Fundraiser Banquet Registration Form

March 1st, 2025

Join us on March 1, 2025 at the Mt Angel Community Festhalle in Mt Angel for our 28th annual banquet fundraiser. Complete the registration for your party, MAKE CHECKS PAYABLE TO: OHA Pioneer Chapter, and send to

P.O. BOX 933 Molalla, OR 97038 (503) 781-5163

There will be no tickets paid for at the door. All packages must be paid for by February 1st 2025.

Early Bird: Howa 1500 6.5 CR 24" Cardon Fiber- Black stock

NOTE: Once you register, your tickets will be held at the door. Doors Open at 3:30

## \*\* ALL PACKAGES INCLUDE A 1 YEAR MEMBERSHIP \*\*

| Packages Packages   | <u>Price</u> | #/Total |  |  |  |  |  |  |
|---|--------------|---------|--|--|--|--|--|--|
| Single Package: 1 Dinner, 1 Attendance Ticket and \$100.00 worth Raffle Tickets. *** Includes 1-year Membership \$35.00***  | \$135.00     | /\$     |  |  |  |  |  |  |
| <b>Double Package:</b> 2 Dinners, 2 Attendance Tickets and \$200.00 worth Raffle Tickets.<br>*** Includes 1-year Family Membership \$45.00***   | \$225.00     | /\$     |  |  |  |  |  |  |
| *** Includes 2, 1-year Individual Memberships \$35.00 ea.***  | \$250.00     | /\$     |  |  |  |  |  |  |
| <b>Buy A Table:</b> 8 Dinners, 8 Attendance Tickets and \$100.00 Raffle Tickets Per<br>Seat and a 1 in 8 Chance on a Gun.<br>*** Includes 8, Gun Calendar for the banquet year \$50.00 each** | \$1850.00    | / \$    |  |  |  |  |  |  |
| Wall of Guns<br>ADVANCE WALL OF GUN TICKETS (These have been selling out, so don't miss out!)   |              |         |  |  |  |  |  |  |
| <b>Premium Wall Presales</b> :<br>*** Only 90 ticket packets available, one gun drawn for every 30 tickets sold***  | \$100.00     | /\$     |  |  |  |  |  |  |
| Tall Wall Presales:   | \$100.00     | /\$     |  |  |  |  |  |  |
| *** Only 90 ticket packets available, one gun drawn for every 15 tickets sold*** Short Wall Presales: *** Only 195 ticket packets available, one gun drawn for every 15 tickets sold***       | \$50.00      | /\$     |  |  |  |  |  |  |
| Pistol Wall Presales:<br>*** Only 195 ticket packets available, one gun drawn for every 15 tickets sold***  | \$50.00      | /\$     |  |  |  |  |  |  |

## Membership

| Membership Upgrade Family/Gun Calendar:                     | \$10/\$15  | /\$ |
|---|------------|-----|
| Life Members or Paid-up annual Membership Subtract -\$35.00 | -\$35.00 _ | /\$ |

Total Sales: \$\_\_\_\_\_

(Use Page 2 to fill out Party Leader and Guest details)

## All seats will be assigned to ensure seating! "8 Per Table" Phone Number Required

\*\* Your OHA membership number can be found in the top left corner of the Newsletter mailing label\*\*

| 1)      | Party Leader: Name                                     |             |                    | _                                  |                   |
|---------|--|-------------|--------------------|------------------------------------|-------------------|
|         | Membership Number #                                    |             |                    | _                                  |                   |
|         | Chapter  |             |                    |                                    |                   |
|         | Phone Number ()  |             |                    |                                    |                   |
|         | Email Address:   |             |                    |                                    |                   |
|         |  |             | ·                  |                                    |                   |
| Table l | ocation: Front of room Middle of room_                 | Rea         | ar of Room         |                                    |                   |
| Table I |  | Net         |                    |                                    |                   |
|         | *** To insure we have enough items for our 12-under dr | awing for p | party members 12 o | r under, please check the box next | to their name *** |
|         |  | 12-unde     | r                  |                                    | 12-under          |
| 2)      | Name   |             | 6) Name            |                                    | □                 |
|         | Address:   |             | Address:           |                                    |                   |
|         | City Zip   |             | City               | Zip                                |                   |
|         | Member # Chapter                                       |             | Member #_          | Chapter                            |                   |
|         | Phone #  |             |                    | Phone #                            |                   |
| 3)      | Name   |             | 7) Name            |                                    |                   |
| -,      | Address:   |             |                    |                                    |                   |
|         | City Zip   |             | Citv               | Zip                                |                   |
|         | Member #Chapter  |             | Member #           | Chapter                            |                   |
|         | Phone #  |             | _                  | Phone #                            |                   |
|         |  |             |                    |                                    |                   |
| 4)      | Name   |             | 8) Name            |                                    | 🔲                 |
|         | Address:   |             |                    |                                    |                   |
|         | City Zip   |             |                    | Zip                                |                   |
|         | Member #Chapter  |             | Member #_          | Chapter                            |                   |
|         | Phone #  |             |                    | Phone #                            |                   |
| 5)      | Name   |             |                    |                                    |                   |
| - 1     | Address:   |             |                    |                                    |                   |
|         | City Zip   |             |                    |                                    |                   |
|         | City Zip<br>Member #Chapter                            |             |                    |                                    |                   |
|         | Phone #  |             |                    |                                    |                   |
| Cash/C  | Check Amount:(Check Number_                            | )           |                    |                                    |                   |
|         | Card #   |             |                    |                                    |                   |
|         | Exp 3 Digit Code Zip C                                 |             |                    |                                    |                   |
|         | Signature  |             |                    |                                    |                   |
|         | Email for Credit Card sales:                           |             |                    |                                    |                   |
|         | Address:   |             |                    |                                    |                   |
|         | City: State:   | Zip:        |                    |                                    |                   |
|         |  |             |                    |                                    |                   |
|         | 2.5% charge  | added       | to all Credit      | Card Sales                         |                   |
|         | -  |             | en at 4:00pm       |                                    |                   |
|         |  |             | •                  |                                    |                   |

Dinner Served at 5:00pm