



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 **

<u>Packages</u>	<u>Price</u>	#/Total		
<u>Single Package:</u> 1 Dinner, 1 Attendance Ticket and \$100.00 worth Raffle Tickets. *** Includes 1-year Membership \$35.00***	\$135.00	/\$		
<u>Double Package:</u> 2 Dinners, 2 Attendance Tickets and \$200.00 worth Raffle Tickets. *** Includes 1-year Family Membership \$45.00*** *** Includes 2, 1-year Individual Memberships \$35.00 ea.***	\$225.00 \$250.00	/\$ /\$		
Buy A Table: 8 Dinners, 8 Attendance Tickets and \$100.00 Raffle Tickets Per Seat and a 1 in 8 Chance on a Gun. *** Includes 8, Gun Calendars \$50.00 each**	\$1850.00	/\$		
Wall of Guns ADVANCE WALL OF GUN TICKETS (These have been selling out, s	so don't miss o	<u>ut!)</u>		
Premium Wall Presales:	\$100.00	/\$		
*** Only 90 ticket packets available, one gun drawn for every 30 tickets sold*** <u>Tall Wall Presales</u> : *** Only 90 ticket packets available, one gun drawn for every 15 tickets sold***	\$100.00	/\$		
Short Wall Presales:	\$50.00	/\$		
*** Only 195 ticket packets available, one gun drawn for every 15 tickets sold*** <u>Pistol Wall Presales</u> : *** Only 195 ticket packets available, one gun drawn for every 15 tickets sold***	\$50.00	/\$		
<u>Membership</u>				
Membership Upgrade to Family/Upgrade to Gun Calendar:	\$10/\$15	/\$		
Deduction: Life Members or Paid-up annual Membership(\$35)/Family(\$45)	-\$35/-\$45	/\$		
Tot	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

1)	Party Leader: Name					
	Membership Number #					
	Chapter					
	Phone Number ()					
	Email Address:					
Table l	ocation: Front of room Middle of room_	Rea	or of Room			
	*** To insure we have enough items for our 12-under dr	rawing for p	party members 12 o	r under, plea	ase check the box ne	xt to their name **
		12-unde	r			12-under
2)	Name					
	Address:		Address:			
	CityZip		City		Zip	
	Member # Chapter		iviember #_		_Chapter	
	Phone #			Phone #_		
3)	Name		7) Name			
٠,	Address:					
	CityZip		City		Zip	
	Member #Chapter				Chapter	
	Phone #			Phone #		
4)	Name		O) Name			
4)		Ш				
	Address: Zip Zip				Zip	
	Member #Chapter				Chapter	
	Phone #		Wielinger "_			
5)	Name					
	Address:					
	City Zip					
	Member #Chapter					
	Phone #					
Cash/C	Check Amount:(Check Number_)				
	Card #					
	Exp/ 3 Digit Code Zip C	Code:				
	Signature					
	Email for Credit Card sales:					
	Address:					

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

2.5% charge added to all Credit Card Sales

City: _____ State: ____ Zip: _____

Doors Open at 4:00pm Dinner Served at 5:00pm