Instructor Invoice

Event Date: _____

Event Location: _____

Instructor Name: _____

Social Security #: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Amount: _____ X _____ $_____
Days $ Rate Total

COMMENTS:

NATIONAL SPORTING CLAYS ASSOCIATION
5931 BOFT ROAD • SAN ANTONIO, TEXAS 78253-9261 • (210) 688-3371