



30th Annual • September 6, 2025 • Rochester, MN

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Questions?
Arne Landsverk
507-722-5218

Arne.Landsverk@Scouting.org

Please join us for our 30th Year

Early Bird Registration – Any team who registers by August 1st, will be put in a drawing for a \$500 SCHEELS gift card. Full team registration is required.

SATURDAY, SEPTEMBER 6, 2025

- ◆ Registration – 10:00 AM
- ◆ Warm-up—10:00 AM—11:30 AM at the practice range (Pre-register online)
- ◆ Lunch – 10:45 AM
- ◆ Flag Ceremony & Welcome—11:50 AM
- ◆ Shoot Begins—12:15 PM
- ◆ Awards Ceremony—Immediately following the event

REGISTRATION INFORMATION

Includes lunch, beverages and snacks throughout the day.

- REGISTER A TEAM - \$800** (Team of 5 shooters).
- REGISTER INDIVIDUALLY - \$160** (Individuals who register will be put together into a team of 5 shooters).
- SATURDAY WARM UP SHOOT—\$35/person** (please RSVP ahead of time—20 shells & birds)
Warm up time is 10am– 11:30am

REGISTER ONLINE OR USE THIS FORM:

To register your team, please visit <https://scoutingevent.com/299-Killenclassic2025>
Payment can be made with credit card or by check.

Event registration due no later than Friday, August 29th, 2025.

EVENT LOCATION

GAMEHAVEN SCOUT CAMP
5015 Simpson Rd. SE Rochester

Gamehaven Council Scouting America





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TO REGISTER PLEASE COMPLETE FORM BELOW

Early Bird Registration –Any team who registers by August 1st, 2025, will be put in a drawing for a \$500 SCHEELS gift card.
Full team registration is required.

TEAM SIGN-UP-\$800 **INDIVIDUAL SIGN-UP \$160**
Payment options: Visa • MasterCard • AmEx • Discover • Check

Credit Card# _____ Exp: _____ CC Code: # _____
Name on Card: _____

All registrations due no later than Friday - August 29th, 2025

If paying by check: Please make it payable Gamehaven Council (Mail to: 511 Northern Hills Dr. NE Suite 2 Rochester, MN 55906)

ONLINE REGISTRATION AVAILABLE: <https://scoutingevent.com/299-Killenclassic2025>

① **Captain's Name:** _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Shotgun gauge: 12 or 20 **Male or Female**

④ **Name:** _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Shotgun gauge: 12 or 20 **Male or Female**

② **Name:** _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Shotgun gauge: 12 or 20 **Male or Female**

⑤ **Name:** _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Shotgun gauge: 12 or 20 **Male or Female**

③ **Name:** _____
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City, State, Zip: _____
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