Paralyzed Veterans of America

North Central Chapter

MIKE OLSON TRAPSHOOT

Join us for this two-day trap shoot event. Three competitive divisions are offered: singles, handicap, and doubles totaling 300 targets. Awards will be presented for High Overall, High SCI, then by event and classification/yardage. This is an inclusive event and all skill levels are welcome.

FRIDAY, SEPTEMBER 11, 2026

1:00-4:00pm - Registration & Open practice

SATURDAY, SEPTEMBER 12, 2026

8:00am - Range Safety Brief
Breakfast
National Anthem
Complete squadding
9:00am - Announce squads and assigned trap house
100 singles competition
12:00pm -Lunch
1:00pm - Announce squads and assigned trap house.
100 handicap competition

SUNDAY, SEPTEMBER 13, 2026

8:00am - Range Safety Brief
Breakfast
National Anthem
9:00am - Announce squads and assigned trap house
50-pairs of doubles
12:00pm - Lunch
Award Ceremony

Event Contacts:

Eric Newby
ericn@pva.org
Terry Paulsen
(605) 336-0494
terryp@ncpva.org
Tracey Salameh
(605) 336-0494
tracey@ncpva.org

Closest Airport
Sioux Falls Regional (FSD)
Nearby Lodging
contact NCPVA 605.336.0494

11-13 SEPTEMBER

CROOKS GUN CLUB
2808 West 84th Street N
Sioux Falls, SD 57107

North Central Chapter Trapshoot
September 11-13, 2026
Location:
Crooks Gun Club
2808 W. 84th St. N
Sioux Falls, SD 57107

REGISTER NOW

Two ways to Register

- Complete this form and mail with payment to:
  NCPVA
  209 N. Garfield Ave
  Sioux Falls, SD 57104
- Register online at:
  https://pva.org/sports- recreation/trapshooting/

***Registration fees can also be paid to the chapter on site**

Note: please make checks payable to NCPVA

Revised Classification/Yardage for 2025/2026

SINGLES

Class	Singles
AA	>=98%
A	92-97%
B	87-97%
C	80-86%
D	<=79%

DOUBLES

Class	Doubles
AA	>=98%
A	92-97%
B	87-97%
C	80-86%
D	<=79%

HANDICAP

Short	19-20.5
Mid	21-23.5
Long	24-27

Registration Fees:

Full Event (300 targets; 100 each S, D, & H): $235

Singles: $80
Doubles: $80
Handicap: $80

Entry fees benefit the North Central PVA Chapter

Shells and range costs are provided with price of registration

All Participants Must:
Bring their own equipment
Sign an event waiver

ATA/PITA/Handicap Ydg (if known): _____
ATA Number (if known): _____
Singles Average: _____
Doubles Average: _____
Squad Members (5): _____
_____

Registration
Name: _____
Address: _____
City: _____ State _____ Zip: _____
Phone: _____ Email: _____
Event Registering For: Handicap___Singles___Doubles___All Events___
Role in Event: Participant___Volunteer___Caregiver___Other (specify):_____
Grant Reporting Data:
Age: _____ Injury Type: SCI___SCD___MS___ALS___TBI___Other_____
Currently serving Active Duty: Yes No
Branch of Service: _____
Voting member of PVA? _____
PVA Associate Member: _____
If yes, which Chapter: _____