

Please fill in
State Abbreviation

Coach's Last Name: _____



Scholastic Clay Target Program 2007 REGISTRATION FORM



(Instructions for completing this Form can be found in the SCTP Forms Packet & Coaches' Guide)

Team Name _____

Is your team affiliated with school? YES NO

DISCIPLINE: (Check **ALL** that apply)

American Versions: TRAP SKEET SPORTING CLAYS

International/Olympic Versions: BUNKER TRAP INT'L SKEET

If the initial team registration is received after April 30, a \$20 late registration fee per team will be required. Accepted forms of payment: check or money order, made payable to "NSSF".

HEAD COACH'S INFORMATION

First Name _____ Last Name _____

Home Address (no PO Boxes) _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____

Cell Phone (_____) _____ *E-mail address _____

Shirt Size (S, M, L, XL, 2x, 3x) _____ Gender: Male / Female I shoot from my Right / Left shoulder.

**Email will be our primary form of contact. The Head Coach's email address specified here will be our primary contact location. If any of your contact information does change, please notify the SCTP National Office with the update(s) as soon as possible. Head Coaches contact info will be posted on www.nssf.org/sctp so prospective participants looking for a coach and a team may contact you for the opportunity to join the program. Contact info will consist of your name, home or cell phone information, email address, city and state. The following check boxes give you the option to opt out of one or more of these contact fields.*

- Do not post home phone number Do not post email address
 Do not post cell phone number Do not post any of my information

Are you accepting new team Members? YES NO

"HOME" GUN CLUB OR SHOOTING FACILITY

Name: _____

Facility's Physical Address (no PO Boxes): _____

City _____ State _____ Zip _____

Contact Person _____ Daytime Phone (_____) _____

Fax Number (_____) _____ *Email: address: _____

Please fill in
State Abbreviation

Coach's Last Name: _____

2007 Team Roster

INITIAL REGISTRATION: This is my team's initial registration package for the SCTP 2007 season for the discipline(s) checked on the front page. **NOTE:** If registering after April 30th a \$20 late registration fee is required. Payment is to be made by check or money order payable to "NSSF".

ADDITIONAL REGISTRATION: I have already sent in my initial registration package for the SCTP 2007 season for the discipline(s) checked on Form F-1, page 1. The team members listed here are to be added to my team roster. **NOTE:** There is no late registration fee for "additional registration".

TEAM MEMBER INFORMATION:

COACHES: **DO NOT list any name on this form unless a completed Parental Consent Form is included.** The completed parental consent form is required for each participant's registration. Those who are 18 or older may sign their own consent forms, but the form is still required. **All forms must be complete and minimums of 5 participants for Trap (3 participants for Skeet or Sporting Clays) are required for the initial registration.** Additional members may be registered anytime up to the cutoff date (received **40** days prior to your state championship competition).

1. First Name _____ Last Name _____
2. First Name _____ Last Name _____
3. First Name _____ Last Name _____
4. First Name _____ Last Name _____
5. First Name _____ Last Name _____
6. First Name _____ Last Name _____
7. First Name _____ Last Name _____
8. First Name _____ Last Name _____
9. First Name _____ Last Name _____
10. First Name _____ Last Name _____
11. First Name _____ Last Name _____
12. First Name _____ Last Name _____
13. First Name _____ Last Name _____
14. First Name _____ Last Name _____
15. First Name _____ Last Name _____

Photocopy this form to register more team members.

This form and all accompanying Parental Consent Forms must be **received** by:

NSSF
SCTP National Headquarters
11 Mile Hill Road
Newtown, CT 06470

at least 40 days prior to the date of your SCTP State Championship Shoot.