

# SCHOLASTIC CLAY TARGET PROGRAM



## ASSISTANT COACH REGISTRATION FORM

(Instructions for completing this Form are found in the SCTP Official Handbook)

State Abbreviation   Coach's Last Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
(NSSF office use)

TEAM NAME \_\_\_\_\_

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

TRAP

SKEET

SPORTING CLAYS

### ASSISTANT COACH INFORMATION

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Shirt Size (S-XXXL): \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Shirt Size (S-XXXL): \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Shirt Size (S-XXXL): \_\_\_\_\_

\*E-mail address: \_\_\_\_\_