

SCHOLASTIC CLAY TARGET PROGRAM



2006 TEAM REGISTRATION FORM

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

State Abbreviation Coach's Last Name: _____

TEAM NAME _____

DISCIPLINE (check all that apply)

TRAP SKEET SPORTING CLAYS

*If registering after March 31st a \$20 late registration fee is required.
Payment may be made by check or money order payable to "NSSF".*

COACH INFORMATION

First Name: _____ Last Name: _____

Home Address (no PO Boxes please): _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Polo Shirt Size (S-XXXL): _____

Fax Number: (____) _____ *E-mail address: _____

[* E-mail will be our primary form of contact. The Coach's e-mail address specified here will be our primary contact location. If any of your contact information does change, please notify the SCTP National Headquarters with the update(s) as soon as possible.]

Coaches contact information 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 information will consist of your name, phone number, e-mail 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 e-mail
- Do not post any of my information

"HOME" GUN CLUB OR SHOOTING FACILITY

Name: _____

Physical Address (no PO Boxes please): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Daytime Phone: (____) _____

Fax Number: (____) _____ *E-mail address: _____

State Abbreviation

Coach's Last Name: _____

TEAM ROSTER

- INITIAL REGISTRATION:** This is my team's initial registration package for the current SCTP season in the discipline(s) checked on the front page. If after March 31st include \$20 late registration fee. Make check or money order payable to **NSSF**.

- ADDITIONAL REGISTRATION:** I have already sent in my initial registration package for the current SCTP season for the discipline checked on the front page. The team members listed here are to be added to my current team roster. There is no late 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 for additional team members.

This form and all accompanying Parental Consent Forms must be received by:
National Shooting Sports Foundation, Inc.
SCTP National Headquarters
11 Mile Hill Road
Newtown, CT 06470-2359

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