# SCTP Shooting Clinic Registration Form

**Participant Information (please print CLEARLY)**

| | |
|---|---|
| Position (please circle) | ATHLETE COACH (current or perspective) |
| Name | |
| Address | |
| City, ST Zip | |
| Telephone (home) | |
| Telephone (cell) | |
| E-Mail | |
| Age/Current School Grade: | |
| Level of **Shotgun** Shooting Experience: | Beginner Some Experienced |
| Are you currently associated with an SCTP team? | YES:_____ NO<br>Team name |

**Please circle which time slot you prefer and your discipline preference:**

**Saturday:** 9-12:30pm ☐ Trap ☐ Skeet ☐ Either

12:30-4:30pm ☐ Trap ☐ Skeet ☐ Either

**Sunday** 9-12:30pm ☐ Trap ☐ Skeet ☐ Either

Experienced Shooters Only: ☐ Olympic Trap ☐ Olympic Skeet ☐ Olympic Double Trap

12:30-4:30pm ☐ Trap ☐ Skeet ☐ Either

Experienced Shooters Only: ☐ Olympic Trap ☐ Olympic Skeet ☐ Olympic Double Trap

**Coach Clinic**
(there is no cost for the Coach Clinic/SCTP Team Signup Session)

Saturday 8:00am

Sunday 8:00am

Please be advised that there are limited spots in each time frame. We will make every effort to fulfill your desired time slot. If it is full, we will contact you for an alternate choice. Thank you for understanding.

Lunch is included in the youth registration fee and will be served from 12:30-1:30 each day. Morning sessions will shoot, then have lunch - afternoon sessions will have lunch then shoot. Additional lunches are $6 each. Please include number of additional lunches and payment along with the registration fee. Thank you.

Please make checks payable to:
**New England International Junior Shooting Sports, Inc. or NEIJSS**

Mail check and registration form no later than 10/15 to:
**Hank Garvey**
**6 M Street**
**Newburyport, MA 01950**