KM ATHLETE APPLICATION / QUESTIONNAIRE

Athlete Name:_____DOB:_____

Graduation year:_____Shirt Size_____ Years with SCTP:_____

Shooting Class:_____DNR/Hunter Safety Number: _____

Address:_____

E:mail:_____ Phone Number:_____

Shooting Disciplines: ☐ American Trap ☐ American Skeet ☐ Sporting Clays

Parent Name:_____DOB:_____

E:mail:_____ Phone Number:_____

Assistant Coach Yes/No_____ Parent Volunteer Yes/No:_____ Shirt Size_____

Parent Name:_____DOB:_____

E:mail:_____ Phone Number:_____

Assistant Coach Yes/No_____ Parent Volunteer Yes/No:_____ Shirt Size_____

Is your family interested in custom ear protection yes/no:_____ How many pair?_____

Will your family be attending Nationals in July?_____

Are you interested in joining the leadership team with other coaching or volunteer Opportunities:

_____

Do you have access to resources or knowledge that can benefit or assist with the team: _____

_____

Please Initial:

I understand that all fee's must be paid by May 27th 2025:_____

I understand that Family must volunteer 4 hours or pay $100:_____

I understand that if my athlete is a no show or cancels without proper notice they still must pay event Fee:_____

I understand that at no time is athlete able to transport gun to Sporting Clays Practice:_____