

Lincoln Trap & Skeet Club High School Trap Shoot Individual Registration

Name of School _____; City _____

The undersigned Coach, Sponsor, or Parent verifies that:

1. Students are in High School, or Junior High.
2. Students are academically eligible to compete.
3. Students have completed Young Hunter Safety Training.
4. Eligibility rosters have been turned in to ECTC Statistician.

Coach, Sponsor, Parent: Phone # _____; Email: _____

Signed _____ Shoot Date: _____

Squad	Post	NAME	M-F	HS	JR	4-H	16'S	HDC	COST

TOTAL	\$ _____.
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INDIVIDUAL TARGETS AND PRIZES - 16 YD.....9.50
 INDIVIDUAL TARGETS AND PRIZES - HANDICAP.....9.50

Lincoln Trap & Skeet Club wishes to thank you for your support