



**2020**  
**Mt. Airy Sharpshooters Team Registration Form**

Participant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

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

Current School Attending: \_\_\_\_\_

Shooting Experience?    NO    YES (circle all applicable below)

SCTP      AIM      ATA      Skeet      Sporting Clays      4-H      Scouts

Hunter Safety Graduate      Target/Plinking      Competitive Rifle/Pistol

Which gauge will you shoot?    20                  12

Parent name(s) \_\_\_\_\_

Phone number(s) to best contact you:    Parent Cell \_\_\_\_\_  
**(Voice and text)**

Shooter Cell \_\_\_\_\_

E-Mail Address:    Parent \_\_\_\_\_

E-Mail Address:    Shooter \_\_\_\_\_

T-Shirt Size (Adult Sizes): Sm    Med    Lg    XL    2XL    3XL

**One parent or guardian MUST be present during shooting at all times.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/guardian Signature

\*Make checks payable to **Mt. Airy IWLA**

**Registration Fee:** \$160.00 1<sup>st</sup> child  
\$105.00 each additional child

***Do not write below this line***

Amount paid \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_