



SHARPSHOOTERS

GUN CLUB & RANGE

YOUTH SUMMER CAMP REGISTRATION FORM

STUDENT NAME - _____

GRADE ENTERING FALL 2019: 6 7 8 9 10 11 12

SHIRT SIZE: YM YL AS AM AL AXL AXXL

BIRTHDAY MM/DD/YYYY : _____ / _____ / _____

SELECT YOUR WEEK (s) OF CAMP:

____ JUNE 10-14 RIFLE ____ JUNE 17-21 PISTOL

____ JUNE 24-28 RIFLE ____ JULY 1-5 PISTOL

____ JULY 8-12 RIFLE ____ JULY 15-19 PISTOL

____ JULY 22-26 RIFLE ____ JULY 29-AUG 2 PISTOL

PARENT/GUARDIAN -

NAME: _____

ADDRESS: _____

CITY, ST ZIP: _____

EMAIL: _____

CELL: () -

EMERGENCY CONTACT -

NAME: _____

CELL: () -

RELATIONSHIP: _____

LIST ANY FOOD ALLERGIES OR ANY OTHER HEALTH CONSIDERATIONS -



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/ / 2019 TODAY'S DATE

SELECT ONE: RIFLE PISTOL BOTH

\$ _____ \$50 REGISTRATION FOR EACH WEEK OF CAMP

\$ _____ \$275 PER STUDENT FOR EACH WEEK OF CAMP

\$ _____ SUBTOTAL

\$ - _____ SAVE \$50 OFF EACH CAMP IF TAKING BOTH RIFLE AND PISTOL.

\$ - _____ SAVE \$50 OFF EACH CAMP IF MULTIPLE STUDENTS REGISTERING TOGETHER.

NAME OF OTHER STUDENT REGISTERING: _____

(THEIR INDIVIDUAL REGISTRATION FORM MUST SHOW YOUR NAME ALSO)

\$ _____ TOTAL DUE

\$50 REGISTRATION FEE FOR EACH CAMP IS DUE NOW.

The remaining balance is due at least 2 weeks before your camp begins to avoid a \$25 late fee.

\$ _____ AMOUNT PAID PAYMENT METHOD: CASH CHK CC

\$ _____ BALANCE