

2017 Youth Rifle League Registration Form

Shooter Name _____

Age _____

DOB _____ / _____ / _____

Preferred Hospital _____

Allergies _____

Medical Conditions _____

Address _____

Phone Number _____

Responsible Adult (primary)- Name _____ Relation _____

Signature _____

Address _____

Cell Phone Number _____ Home Phone Number _____

E-Mail _____

Responsible Adult (secondary)- Name _____ Relation _____

Signature _____

Address _____

Cell Phone Number _____ Home Phone Number _____

E-Mail _____

Spring Summer Fall

PLEASE PRINT AND SIGN

