

Please fill in your:
State Abbreviation

Coach's Last Name: _____



Iowa High School and Scholastic Clay Target Program Additional Coaches Registration Form



Team Name _____

DISCIPLINE (Check **ALL** that apply):

American Versions:

 TRAP SPORTING CLAYS SKEET

International/Olympic Versions:

 OLYMPIC TRAP (Bunker) INT'L SKEET

Additional Team COACHES – Maximum of 1 additional coach per full squad registered

NOTE: All coaches must pass a criminal background check conducted by the DNR. All personal information will remain confidential.

1. Full First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____

Cell Phone (_____) _____ *E-mail address _____

Birth date (mm/dd/yr): ____/____/____ School Coaching _____

Shirt Size (S, M, L, XL, 2x, 3x) _____ Gender: Male / Female I shoot from my Right / Left shoulder.

2. Full First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____

Cell Phone (_____) _____ *E-mail address _____

Birth date (mm/dd/yr): ____/____/____ School Coaching _____

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