

Please fill in your:  
State Abbreviation

Coach's Last Name: \_\_\_\_\_



# Iowa High School and Scholastic Clay Target Program 2008 REGISTRATION FORM



(Instructions for completing this Form can be found in the SCTP Forms Packet & Coaches' Guide)

Team Name \_\_\_\_\_

Is your team affiliated with school?  YES  NO

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

American Versions:  TRAP  SPORTING CLAYS  SKEET

International/Olympic Versions:  OLYMPIC TRAP (Bunker)  INT'L SKEET

**HEAD COACH'S INFORMATION** – Note: All coaches must pass a criminal background check conducted by the DNR. All personal information will remain confidential.

Full First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address (no PO Boxes) \_\_\_\_\_

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.

*\*Email will be our primary form of contact. The Head Coach's email address specified here will be our primary contact location. If any of your contact information does change, please notify the Iowa DNR with the update(s) as soon as possible. Head Coaches contact info will be posted on [www.nssf.org/sctp](http://www.nssf.org/sctp) and [www.iowadnr.gov](http://www.iowadnr.gov) so prospective participants looking for a coach and a team may contact you for the opportunity to join the program. Contact info will consist of your name, home or cell phone information, email address, city and state. The following check boxes give you the option to opt out of one or more of these contact fields.*

- Do not post home phone number
  - Do not post cell phone number
  - Do not post email address
  - Do not post **any** of my information
- Are you accepting new team Members?  YES  NO

**"HOME" GUN CLUB OR SHOOTING FACILITY**

Name: \_\_\_\_\_

Facility's Physical Address (no PO Boxes): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ \*Email: address: \_\_\_\_\_

**TEAM REGISTRATION FEE:**  \$75 if "TRAP" IS selected  \$45 if "TRAP" is NOT selected  
 \$20 Late Fee – additional fee if initial team record is submitted AFTER April 30

In order to participate in the SCTP, payment of the Team Registration Fee will be required. It is a one-time per team & season fee. Please send a check payable to "National Shooting Sports Foundation" and include with team registration when sending to the Iowa DNR.

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State Abbreviation

Coach's Last Name: \_\_\_\_\_

## 2008 Team Roster

**INITIAL REGISTRATION:** This is my team's initial registration package for the SCTP 2008 season for the discipline(s) checked on the front page.

**ADDITIONAL REGISTRATION:** I have already sent in my initial registration package for the SCTP 2008 season for the discipline(s) checked on Form F-1, page 1. The team members listed here are to be added to my team roster. **NOTE:** There is no registration or late fee for "additional registration".

### TEAM MEMBER INFORMATION:

**COACHES:** **DO NOT list any name on this form unless a completed Parental Consent Form is included.**  
The completed parental consent form is required for each participant's registration. Those who are 18 or older may sign their own consent forms, but the form is still required. **All forms must be complete and minimums of 5 participants for Trap (3 participants for Skeet or Sporting Clays) are required for valid team registration.** Additional members may be registered anytime up to the cutoff date of April 15.

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
6. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
7. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
8. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
9. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
10. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
11. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
12. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
13. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
14. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
15. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
16. First Name \_\_\_\_\_ Last Name \_\_\_\_\_
17. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Photocopy this form to register more team members.

All Team and participant parental consent forms must be sent to the Iowa DNR office and **received by April 15.**

**Mail to:** Iowa DNR Shooting Sports  
502 East 9<sup>th</sup> St.  
Des Moines, IA 50319