

Youth Clay Shotgun Application

Please PRINT Clearly

Name: _____

School Year Address (Street, No PO Boxes) _____

City/Town _____ State _____ Zip _____

Summer Address (Street, No PO Boxes) _____

City/Town _____ State _____ Zip _____

Tel Numbers:Cell (_____) _____

Tel Numbers:Home (_____) _____

EMAIL _____

Date of Birth(M/D/Y) _____ Current School Grade _____.

Gender _____. Tee shirt size _____

Firearms Identification Card #? (FID or LTC): _____

Parent/guardian name: _____

Parent/guardian cell _____

Parent/guardian email address: _____

Parent/guardian name _____

Parent/guardian cell: _____

Parent/guardian email address _____

Are parents members of Bass River Rod&Gun Club? Y___ N___

Do you have a hunting license? Y___ N___

Are you/ your parents members of any other gun/sportsman clubs? If so, which _____

Do you have previous shooting experience? If so, please describe

Name _____

Do you expect to be participating in any sports, camps, activities that will interfere with the shotgun program during the school year? If yes, describe

Do you expect to be participating in any sports, camps, activities that will interfere with the shotgun program this summer? If yes, describe _____

Have you and parent read and signed the Bass River Rod and Gun Club waiver? Yes _____

Have you and parent read and signed the SCTP Sportsmanship contract? Yes _____

Have you and parent read and signed the SCTP Medical Consent Form? Yes _____

*Please not, additional SCTP consent waiver will be completed by Parent/Athlete online before starting

Signature of Applicant _____

Signature of Parent _____

After completion, please either email a photocopy to Arthur Boujoukos (boujoukosaj@gmail.com) or mail to him at 39 Rainbow Way, Harwich MA 02645