

**Wisconsin Sporting Clays Association
Youth Mentoring Program**

2010 TEAM REGISTRATION FORM

Club Name _____

Contact _____

Club Address _____

City _____ **State** _____ **Zip** _____

Club Daytime Phone (____) _____ **FAX** (____) _____

Club e-mail _____

Contact e-mail _____

Is this the first year your club has been involved in the state youth program? _____

***Coach** _____

Day Phone (____) _____ **Eve Phone** (____) _____

e-mail _____

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All team & coach registration forms are to be mailed to program director.

Club registration must be mailed from Jan. 1st - June 1st.

concerns, contact Diane: jhclub@ezwebtch.com

If

Registration for athletes requested as soon as possible but not later than 1 week before the state shoot.

Squads are to be registered 1 week before the state shoot to the director. Squads can be changed the day of the shoot with director prior to the starting time.

No changes after the 1st shot.

Squads are 3 person squads.