State Three-Position Air Rifle Junior Olympics

Team Registration Card

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| **Name of School or Club** | Team Contact |
| **Daytime phone** | **Email**  |
| **Mailing Address**  | **Classes** □ **Sporter OR** □ **Precision**  □ **Scholastic OR** □ **Club**  |
| **Please provide the name and competitor number of each person who will represent your school or club.** |
| **Last/Family Name** | **First Name, MI** | **\*CMP Comp #\*** | **Position** |
|  |  |  | Instructor/Coach*(to be listed as head coach on results)* |
|  |  |  | Team Member |
|  |  |  | Team Member  |
|  |  |  | Team Member  |
|  |  |  | Team Member  |

The four members of this team must be selected prior to the event. Should the team qualify for Nationals, the members may be changed.

Look up CMP Numbers at: <http://odcmp.com/Competitions/CreateACMPNumber.pdf>

This form must be submitted by the match director to CMP with the match results.