# Pre Squad Form Trap

## CYSSA Series Shoot - Pre Squad Form Trap

#### PRE-SQUAD FORM INSTRUCTIONS:

- 1. Input your personal, team, & head coach information in the form below.
- 2. Select the Shoot Location/Shoot Coordinator for the event location and appropriate date if available that you will be attending.
- 3. Enter your athletes and categories.
- 4. For the post category sections enter in the category names or abbreviations. Example:

VR = Varsity

JV = Junior Varsity

IA = Intermediate Advanced

IE = Intermediate Entry Level

RK = Rookie

YA= Young Adult

- 5. Press the 'TAB' key to jump the cursor to the next field. Please give each squad a name such as a color, animal, number etc.
- 6. Add any "Special Requests" in the box provided, such as "Squad Early" etc.
- 7. then click the "Pre-Squading Complete" box which will take you to the bottom of the form.
- 8. Press the "Submit Pre-Squad Form" button.

The form will clear when you hit the "Submit" button but don't worry...go to your E-mail, the squads will be copied to the E-mail address you provided as well as to the Coordinator for your shoot. (Check your spam folder if it does not appear in your e-mail)

Note: If you are having problems with the online form, you can click on <a href="Pre-Squad Editable Form">Pre Squad Editable Form</a> to download the Pre-Squad form and open it in Microsoft Word. Enter a maximum of 5 athletes per squad for Trap. Type in your information, save the form to your desktop then attach it to an e-mail to the Coordinator for your location. You will need to get the Coordinator's e-mail address off of the flyer for your shoot location which can be found on the "Trap Calendar" page or look below.

Your	Name: (required)
Your	Email: (required)
Your	Phone: (required)
Team	Name: (required)
Team	Code: (required)
Head	Coach Name: (required)
Head	Coach's Email: (required)
Head	Coach's Phone: (required)
Head	Coach's Discipline: (required)

**Shoot Location/Shoot Coordinator E-mail:** 

Squad	1 1	Name: (requi	red)
Post	1	Last Name:	(required)
Post	1	First Name:	(required)
Post	1	Category: (	required)
Post	2	Last Name:	
Post	2	First Name:	
Post	2	Category:	
Post	3	Last Name:	
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Complete and Send Form