

# Team Registration 2016 ~ 2017

## TEAM REGISTRATION FORM

*\* Indicates a required field.*

Is this the team's original submittal for ☒ this Season? *\*Yes* ☐ No

Is this an additional submittal containing additions and/or corrections? *\*☐ Yes ☒ No*

Team Code *\**

Team Name *\**

Date *\**

Head Coach Name *\**

Is your team affiliated with a high school? *\* ☒ Yes ☐ No*

If "YES", School Name

Address *\**

City *\**

Team website

School Enrollment (No. of Students) *\**

*Where do you practice?*

HOME GUN CLUB or TRAINING FACILITY *\**

Address *\**

City *\**

*Check all disciplines this team will be participating in.*

CLAY TARGET DISCIPLINE(S)\* ☐TRAP☐SKEET☐SPORTING CLAYS☐BUNKER

**TEAM CONTACT INFORMATION** - This is the person(s) who will be contacted for all CYSSA correspondence with this Team. *Please make sure this information is up to date and accurate.* If there are any changes to this information during the season please e-mail them to [shootreports@shootcyssa.com](mailto:shootreports@shootcyssa.com)

Team Coordinator Name\*

Address\*

City\*

Zip\*

Phone\*

Cell\*

Email\*

**\*Team Codes are listed on CYSSA website under "Info" tab**

**To register your team: Mail "Team Registration" together with "Head**

**Coach Contract", "Coach and Adult Volunteer Registration" and "Payment Record" plus fees to:**

**California Youth Shooting Sports Association (CYSSA)**

**4805 Verena lane**

**Sacramento CA. 9**

Send