

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)* TRAPSKEETSPORTING CLAYSBUNKER

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

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