

CLAY TARGET PROGRAM

TEAM REGISTRATION

	s original submittal for Se			
*Team Code:	Team Name:			Date:
Head Coach Name	e:			
	Cell:			
	ed with a high school? Name:		YES:	
Team Website:		School	Enrollment (No	. of Students):
HOME GUN CLU	B or TRAINING FACII	LITY:		
Address:		City	(Where do you prac	etice?)
	CIPLINE(S): TR Team will be participating in)	AP SKEET	□ SPORTING C	CLAYS BUNKER
correspondence with	INFORMATION – This this Team. <i>Please make s</i> nation during the season p	cure this information	is up to date and	accurate. If there are any
Team Coordinator Na	ame:			
Phone:	Cell:	E-Mail:		
*	d on CYSSA website und			
To register your tean	n: Mail "Team Registrati	on" to:		
California Youth Sho c/o Ron Edwards shootreports@shootcy	ooting Sports Association	n (CYSSA)		
1995 Park Lane	- COMPONE			
Meadow Vista, CA 952				
THANK VOIL AND	WELCOME TO THE CVC	CAI		