

2019 Registration Form

Note: Registration forms are due by 3/23/19 All Fees must be paid prior to participating in any Team events.

NAME: _____

DOB: _____ GRADE: _____ SHIRT SIZE: _____

ATHLETES PHONE NUMBER: _____

ATHLETES E-MAIL ADDRESS: _____

PARENTS NAME: _____

PARENTS PHONE NUMBER: _____

PARENTS E-MAIL ADDRESS: _____

HUNTER SAFETY #: _____

Shotgun Make / GA: _____

Fees (Please select/fill in shaded boxes and total):

2019 Membership.....	\$100.00
2019 ATA/AIM Fees	\$25.00
2019 SCTP Fees	\$20.00
Total	\$145.00

MAKE CHECKS PAYABLE TO: **Berlin Target Terminators**

.....
 I HEREBY AGREE THAT I HAVE READ THE ATTACHED RULES IN ITS ENTIRETY AND PLEDGE TO ABIDE BY ALL THE RULES AND EXPECTATIONS INCLUDED HEREIN.

PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Check # _____

Amount \$ _____

Initial _____