



Wisconsin Sporting Clays Association Youth Mentoring Program

2014 TEAM REGISTRATION FORM

WISCONSIN ASSOCIATION for YOUTH SHOOTING



Club Name _____

Contact _____

Club Address _____

City _____ State _____ Zip _____

Club Daytime Phone (____) _____ FAX (____) _____

Club e-mail _____

Contact e-mail _____

Is this the first year your club has been involved in the state youth program? _____

It is required that all clubs involved in the WAYS program carry their own liability insurance. Please contact your insurance agent to verify you have proper coverage. By signing this form, you verify that your club has the proper insurance coverage for the WAYS program.

Club agent signature Title

The WAYS program and committee members are not responsible for individual club liability insurance.



**Wisconsin Sporting Clays Association
Youth Mentoring Program
2014 COACH REGISTRATION FORM
WISCONSIN ASSOCIATION for YOUTH SHOOTING**



*Coach _____

Day Phone (_____) _____ Eve Phone (_____) _____

e-mail _____

Is this the first year you have been involved in the youth program? _____

*Coach _____

Day Phone (_____) _____ Eve Phone (_____) _____

e-mail _____

Is this the first year you have been involved in the youth program? _____

*Coach _____

Day Phone (_____) _____ Eve Phone (_____) _____

e-mail _____

Is this the first year you have been involved in the youth program? _____

All team & coach registration forms are to be mailed to program director.

Club registration must be mailed from Jan. 1st - June 1st. If concerns, contact Diane:
jhclub@tds.net

Registration for athletes requested as soon as possible but not later than June 1st

Squads are to be registered 1 week before the state shoot to the director. Squads can be changed the day of the shoot with director prior to the starting time.

No changes after the 1st shot.

Squads are 3 person squads.

Additional coaches can be listed on separate sheet.