



# SIDNEY SHOOTING PARK

## TRAPSHOOTING LEAGUE - TEAM REGISTRATION

Year: \_\_\_\_\_

☐ Spring

☐ Summer

☐ Fall

☐ Winter

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

**Team Members:** (Use back for additional members)

Paid Fee / Is Member
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Name: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

Name: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

Name: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

Name: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

Name: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

Name: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

\*Email is used only for communicating information about leagues or SSP in general.

**Ear and eye protection are required for all shooters and scorers.**