

# KANSAS STATE RIFLE ASSOCIATION BB GUN CHAMPIONSHIP MATCH REGISTRATION

TEAM NAME \_\_\_\_\_

ADULT SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

<u>YOUTH NAME</u>	<u>TEAM MEMBER</u>	<u>GENDER</u>	<u>AGE</u>	<u>BIRTH-DATE</u>	<u>RELEASE RECEIVED</u>
_____	_____	M __ F __	_____	_____	Y __ N __
_____	_____	M __ F __	_____	_____	Y __ N __
_____	_____	M __ F __	_____	_____	Y __ N __
_____	_____	M __ F __	_____	_____	Y __ N __
_____	_____	M __ F __	_____	_____	Y __ N __

<u>YOUTH NAME</u>	<u>TEAM ALTERNATE</u>	<u>GENDER</u>	<u>AGE</u>	<u>BIRTH-DATE</u>	<u>RELEASE RECEIVED</u>
_____	_____	M __ F __	_____	_____	Y __ N __
_____	_____	M __ F __	_____	_____	Y __ N __

<u>COACH NAME</u>	<u>RELEASE RECEIVED</u>
_____	Y __ N __
_____	Y __ N __

ADULT SPONSOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Mail this form to:** Susie Klausmeyer, 11705 E. 31<sup>st</sup> St. South, Wichita, KS 67210  
 Checks payable to Sedgwick County Extension

Date Received: \_\_\_\_\_  
 Entry fee enclosed: \_\_\_\_\_