

17 South SASP Team

Name of Shooter: _____

Parent/Guardian Name: _____

Preferred Phone Number: _____

Text OK? _____

Email: _____

T-Shirt Size - Shooter: _____ Parent: _____

Emergency Contact: _____

Does your shooter have experience with firearms? (If yes, please explain):

Do you have any specific skills that can assist the team? (RSO, first aide training, etc.)

Would you be willing to: (Check all that apply)

- Train to be a coach
- Become trained in first aide
- Come to practice early to help set up
- Help with fundraising
- I can help with _____

Do you need creative help with the financial side?

- Yes
- No