(fill in state name)

USA SHOOTING JUNIOR OLYMPIC SHOOTING CHAMPIONSHIPS ENTRY FORM – MAILED IN

COMPETITOR- PRINT CLEARLY ALL INFORMATION REQUESTED

COMPETITOR'S NAME	
STREET ADDRESS	
CITY/ STATE/ ZIP	
PHONE	()
EMAIL ADDRESS (REQUIR	<u>ED</u>)
CLUB AFFILIATION	
MATCH LOCATION & DAT	E
EXPECTED HIGH SCHOOL	GRADUATION YEAR
BIRTHDATE (REQUIRED)	MALE / FEMALE (CIRCLE ONE)
DAY OF COMPETITION. COLLECTED A	MINES YOUR AGE CATEGORY BASED ON YOUR AGE ON THE FIRST. THIS WILL BE CALCULATED ONCE YOUR STATE JO SCORES ARE ND BEFORE INVITATIONS ARE SENT OUT TO THE NJOSC.
I AM DECLARING RESIDEN	NCE IN THE STATE OF:
I AM SHOOTING FOR: (m	ust circle entry division)
1. Resident Qualifi	er 2. Non-Resdient
COMPETITOR'S CERTIFICA	ATION: I certify that I have indicated my correct year of birth, correct entry division and that I am a USA Shooting member. This is my first State JO Match of the year and these will be the only scores submitted on my behalf for qualification to the NJOSC.
X:	USAS Membership #:
Date:	USAS Exp. Date:
HOST – Please check abo	ove information for readability, complete the information below oting. You <u>must</u> use a separate entry form for each event.
EVENT	# OF SHOTS
	NAMENT_

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