



2017 CMP Junior Rifle Camps



GROUP OR INDIVIDUAL REGISTRATION FORM

Make sure information is correct and printed clearly, all additional camp information is sent to adult leaders via email. Incomplete forms will not be processed.

Camp/Clinic Choice: (CMP will notify you if your initial selection is full so you may make an alternate choice or be placed on a waiting list.)			
Group Name (school, JROTC unit, club):			
Group Contact Mailing Address: 			
**Please fill-in all blanks. If you do not have a CMP Competitor Tracker# we can provide one for you. If your entire group does not fit on this form, please use additional forms.			
Athlete Names	Rifle Class	T-Shirt Size/ HS Grad Year	DOB/Gender
1.	___ Sporter	T-Shirt Size: _____	DOB: _____
CMP Competition Tracker # _____	___ Precision	HS Grad Year: _____	___ M ___ F
Attended a previous CMP Camp? ___ Yes ___ No			
2.	___ Sporter	T-Shirt Size: _____	DOB: _____
CMP Competition Tracker # _____	___ Precision	HS Grad Year: _____	___ M ___ F
Attended a previous CMP Camp? ___ Yes ___ No			
3.	___ Sporter	T-Shirt Size: _____	DOB: _____
CMP Competition Tracker # _____	___ Precision	HS Grad Year: _____	___ M ___ F
Attended a previous CMP Camp? ___ Yes ___ No			
4.	___ Sporter	T-Shirt Size: _____	DOB: _____
CMP Competition Tracker # _____	___ Precision	HS Grad Year: _____	___ M ___ F
Attended a previous CMP Camp? ___ Yes ___ No			

Adult Leaders	T-Shirt Size	DOB/Gender
1. _____ CMP Competition Tracker # _____ Cell or Home Phone # _____ Email: _____ Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOB: _____ ___M ___F
2. _____ CMP Competition Tracker # _____ Cell or Home Phone # _____ Email: _____ Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOB: _____ ___M ___F

CAMP COSTS:

\$285 (athlete) \$50 (adult) for Three-Position Air Rifle Camps
 \$225 (athlete) \$50 (adult) for Advanced Standing Camps
 \$175 (athlete) \$30 (adult) for Clinics

****Note: Full payment is required with this registration.**

Camp Payment Information:

Payment Amount: _____

Make Checks payable to "CMP" or use Credit Card

Credit Card

_____ Exp. _____ Name
 on Card _____

CVV2# (3 digit # on back of card) _____

Please provide medical release forms for EVERYONE listed on this registration. Complete registration guidelines are listed on the Junior Rifle Camps webpage at <http://www.thecmp.org/3P/Camp.htm>. If you have questions please contact Catherine Green with camp registrations at cgreen@thecmp.org to 419o 635o 2141 ext 704.

Email forms to: cgreen@thecmp.org Fax forms to: 419-635-2802
 Mail forms to: Civilian Marksmanship Program, Junior Rifle Camps Registration,
 PO Box 576, Port Clinton, OH 43452