



CMP Junior Rifle Camps

PARTICIPANT SUBSTITUTION FORM

CAMP ENTERED: _____

Group Name (school, JROTC unit, club):			
Adult Leader Name/Email/Phone #			
<i>Please fill-in all blanks below. A link for looking-up Competitor ID#'s can be found on the Junior Rifle Camps info page. If you do not have a CMP Competitor ID# we can provide one for you.</i>			
Current Participant's Name	Competitor #		
Substitutes Name	Rifle Class	T-Shirt Size/ HS Grad Year	DOB/Gender
1.	<input type="checkbox"/> Sporter <input type="checkbox"/> Precision <input type="checkbox"/> Adult	T-Shirt Size: _____ HS Grad Year: _____	DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F
CMP Competition Tracker # _____			
Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact:			
Emergency Contact Phone#:			

Please submit a Medical Release Form for the new participant with the Substitution Form.

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 419-635-2141 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**