



# 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>			
<b>Registered Athlete's Name</b>		<b>Registered Athlete's Competitor #</b>	
<b>Substitute's Information</b>	<b>Rifle Class</b>	<b>T-Shirt Size/ HS Grad Year</b>	<b>DOB/Gender</b>
<u>Name</u> 1.	___ Sporter	T-Shirt Size: _____	DOB: _____
<b>CMP Competition Tracker #</b> _____	___ Precision	HS Grad Year: _____	___ M ___ F
Attended a previous CMP Camp? ___ Yes ___ No		___ Adult	
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://thecmp.org/air/cmp-competition-center-event-matches/junior-air-rifle-camps-and-clinics/>. If you have questions please contact Catherine Green with camp registrations at [cgreen@thecmp.org](mailto:cgreen@thecmp.org) or 419-635-2141 ext 704.

Email forms to: [cgreen@thecmp.org](mailto: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