



2021 CMP Junior Rifle Camps

GROUP OR INDIVIDUAL REGISTRATION FORM



Before you submit this form:

- Ensure Registration form is Complete and Correct
- Fill out Medical Release forms for ALL people on this form
- Submit all forms with payment.

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) \$75 (adult) for Three-Position Air Rifle & Smallbore Camps
 \$225 (athlete) \$75 (adult) for Advanced Standing Camps
 \$175 (athlete) \$30 (adult) for Clinics

****Note: \$50 Deposit required with registration for every athlete**

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 provided medical release forms for EVERYONE listed on this registration.

Complete registration guidelines are listed on the Junior Rifle Camps webpage at <http://thecmp.org/camps>. If you have questions, please contact Catherine Green with camp registrations at cgreen@thecmp.org or 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