



# 2022 CMP Junior Rifle Camps



## GROUP OR INDIVIDUAL REGISTRATION FORM

Before you submit this form:

- a. Ensure Registration form is Complete and Correct
- b. Fill out Medical Release forms for ALL people on this form
- c. 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
<b>1.</b>	___ Sporter	T-Shirt Size:	DOB:
<b>CMP Competition Tracker #</b> _____	___ Precision	HS Grad Year:	_____ ___M ___F
<b>Attended a previous CMP Camp?</b> ___ Yes ___ No			
<b>2.</b>	___ Sporter	T-Shirt Size:	DOB:
<b>CMP Competition Tracker #</b> _____	___ Precision	HS Grad Year:	_____ ___M ___F
<b>Attended a previous CMP Camp?</b> ___ Yes ___ No			
<b>3.</b>	___ Sporter	T-Shirt Size:	DOB:
<b>CMP Competition Tracker #</b> _____	___ Precision	HS Grad Year:	_____ ___M ___F
<b>Attended a previous CMP Camp?</b> ___ Yes ___ No			
<b>4.</b>	___ Sporter	T-Shirt Size:	DOB:
<b>CMP Competition Tracker #</b> _____	___ Precision	HS Grad Year:	_____ ___M ___F
<b>Attended a previous CMP Camp?</b> ___ Yes ___ No			

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