



CMP Junior Rifle Camps

PARTICIPANT SUBSTITUTION FORM



CAMP ENTERED: _____

Group Name (school, JROTC unit, club):			
Adult Leader Name/Email/Phone #			
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.			
Registered Athlete's Name		Registered Athlete's Competitor #	
Substitute's Information		Rifle Class	T-Shirt Size/ HS Grad Year
<u>Name</u> 1. _____		<input type="checkbox"/> Sporter <input type="checkbox"/> Precision <input type="checkbox"/> Adult	T-Shirt Size: _____ HS Grad Year: _____
CMP Competition Tracker # _____ Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F
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 www.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