



2023 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
1.	<input type="checkbox"/> Sporter <input type="checkbox"/> Precision	T-Shirt Size: _____ HS Grad Year: _____	DOB: _____ ___M ___F
CMP Competition Tracker # _____ Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Sporter <input type="checkbox"/> Precision	T-Shirt Size: _____ HS Grad Year: _____	DOB: _____ ___M ___F
CMP Competition Tracker # _____ Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Sporter <input type="checkbox"/> Precision	T-Shirt Size: _____ HS Grad Year: _____	DOB: _____ ___M ___F
CMP Competition Tracker # _____ Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	<input type="checkbox"/> Sporter <input type="checkbox"/> Precision	T-Shirt Size: _____ HS Grad Year: _____	DOB: _____ ___M ___F
CMP Competition Tracker # _____ Attended a previous CMP Camp? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

\$300 (athlete) \$75 (adult) for Three-Position Camps
 \$225 (athlete) \$75 (adult) for Advanced Standing Camps
 \$200 (athlete) \$75 (adult) for Clinics

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 Alana Kelly with camp registrations at akelly@thecmp.org or 419-635-2141 ext 751.

Email forms to: akelly@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