



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>			
Registered Athlete's Name		Registered Athlete's Competitor #	
Substitute's Information	Rifle Class	T-Shirt Size/ HS Grad Year	DOB/Gender
<u>Name</u> 1.	___ Sporter	T-Shirt Size: _____	DOB: _____
CMP Competition Tracker # _____	___ Precision	HS Grad Year: _____	
Attended a previous CMP Camp? ___ Yes ___ No	___ Adult	_____	___ M ___ 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 Alana Kelly with camp registrations at akelly@thecmp.org 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