

# 3rd Annual NRA Bullseye Pistol Competition Junior Shooting Camp

## Illinois Junior Precision Shooters - Precision Pistol

2009

• Please print legibly •

Shooter's name \_\_\_\_\_

Age on the first day of camp \_\_\_\_\_ male female (circle one)

Parent or legal guardian's name \_\_\_\_\_

Street Address \_\_\_\_\_

City, state, & ZIP \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_

### Your Shooting Experience

Club name: \_\_\_\_\_

Team name: \_\_\_\_\_

Team coach: \_\_\_\_\_

Pistol you will be using at camp: \_\_\_\_\_

Number of years you have been shooting bullseye pistol: \_\_\_\_\_

**Parents:** Please send a \$340.00 check or money order payable to **Illinois Junior Precision Shooters** along with this two (2) page camp registration form to:

Jim Hagearty  
22W618 Burr Oak Drive  
Glen Ellyn, IL 60137-7447

Please send your registration as soon as possible. **No registrations will be accepted after May 13, 2009.**

IJPS – 2009

**2009 MEDICAL INFORMATION**

**Team member's name** (print) \_\_\_\_\_

Indicate any and all medications that your child will be taking during the camp and the purpose of each.

**Note:** If your child does not have any medical conditions, write the word "**None.**"

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any and all allergies that your child has that we should be aware of while he/she is at camp.

\_\_\_\_\_  
\_\_\_\_\_

**Note: Anyone taking medication that impairs motor skills &/or makes any camper/shooter/staff member drowsy will not be allowed to handle any rifle &/or pistol! No exceptions!**

Each camper/shooter will be responsible for securing medications from the designated adult/medical staff person and consumption of same at the medical prescribed time(s).

**For Office Use Only**

Paid \_\_\_\_\_ Check # \_\_\_\_\_

Balance due \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_