2020-2021 SST RAVENS YOUTH TEAM REGISTRATION

SHOOTER INFORMATION

Name _____ Birth Date _____

Address _____ Grade _____

_____ School _____

Phone _____ # Yrs Competing _____

Email _____ Gauge of Gun _____

Current 2020 SST Membership? YES NO

Name (1) _____ Phone _____

Email _____

Name (2) _____ Phone _____

Email _____

INTERNAL USE:

☐ *Team Fee Pd Cash Credit Check #_____ Receipt#_____*

☐ *NEW SST Membership Form Received*

USAYESS # _____ Novice Junior/JV Senior/Varsity Rookie M/F