

2019-2020 SST RAVENS TEAM REGISTRATION

SHOOTER INFORMATION

Name _____ Birth Date _____
Address _____ Grade _____
_____ School _____
Phone _____ # Yrs Competing _____
Email _____ Gauge of Gun _____

Current 2019 SST Membership? YES NO

PARENT/GUARDIAN INFORMATION

Name _____ Phone _____ Email _____
Name _____ Phone _____ Email _____

INTERNAL USE:

Team Fee Pd Cash Credit Check # _____ NEW SST Membership Form Received

USAYESS # _____ Novice Junior/JV Senior/Varsity Rookie