**NCWRC District Youth Hunter Skills Tournament Registration Form**

Please contact your district representative for current tournament information.

**TOURNAMENT INFORMATION**

|  |  |
| --- | --- |
| TOURNAMENT DATE: |  |
| LOCATION: |  |
| REGISTRATION DUE: |  |
| MAIL REGISTATION AND FEES TO:($50 per team) |  |

**TEAM INFORMATION**

|  |  |
| --- | --- |
| TEAM NAME: |  |
| SCHOOL NAME: |  |
| INSTRUCTOR NAME: |  |
| INSTRUCTOR PHONE: |  |
| INSTRUCTOR ADDRESS: |  |
| TEAM RSO: |  |
| # of participants |  |
| # of coaches |  |

**PARTICIPANT INFORMATION**

*Please print students name, include the student’s hunter education certification number and their date of birth for example, 01/01/00. Indicate the event by using an "X".*

|  |  |  |  |  |  |  |  |  |
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| **NAME** | **RACE** | **SEX** | **HUNTER SKILLS** | **SHOT****GUN** | **RIFLE** | **ARCHERY** | **HE CERT #** | **BIRTH****DATE** |
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I affirm that the above students are certified hunter safety students currently enrolled in the above school and the certification number and birth date of each contestant is valid.

COACH’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT INFORMATION *(continued)***

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| TEAM NAME: |  |
| SCHOOL NAME: |  |

*Please print students name, include the student’s hunter education certification number and their date of birth for example, 01/01/00. Indicate the event by using an "X".*

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| **NAME** | **RACE** | **SEX** | **HUNTER SKILLS** | **SHOT****GUN** | **RIFLE** | **ARCHERY** | **HE CERT #** | **BIRTH****DATE** |
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I affirm that the above students are certified hunter safety students currently enrolled in the above school and the certification number and birth date of each contestant is valid.

COACH’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_