PALMETTO ELITE SHOOTING

2026 – 2027 Athlete Registration Form

Please type or print neatly

Athlete Information

Athlete Name: _____ ___ Male ___ Female

Please Check One: _____ New Athlete to the team _____ Returning Athlete

Date of Birth: _____ Age: _____ T-Shirt Size: _____

School: _____ Grade: _____

SC Hunter ID# _____ OR _____ Hunter Education to be completed

Shooting Coach Certifications (if any):_____

Parent Contact Information

Primary Contact Parent Name: _____ Phone #: _____

Additional Parent Name: _____ Phone #: _____

Street Address: _____

City: _____ Zip Code: _____

List all email addresses to send team correspondence:
(please include the shooter's email address if it is checked regularly)

_____

Are you a current member of Partridge Creek Gun Club? ____ Yes _____ No
(Membership is not required. However, the club requires that the team report members on our team each season.)

If you are new to the team, describe any previous shooting experience for your athlete (if any):

_____