



Athlete Information

Please fill this information out as complete as possible. If you need more room, write on the back of this page.

Athlete Printed Name: _____ Athlete Grade: _____

R or L handed: _____ Eye Dominance (If known): _____ Shotgun Gauge: _____

If you are willing to have a coach contact you, provide your cell number: _____

Please list and describe your shotgun and other shooting experience:	
Please list your active shotgun sports:	
Please list your MAIN season goals for this season I.e., have fun, raise average, letter, shoot a 25, or top ten in conference/state/etc.):	
What is the level of coaching input you would like (this may require a new stance, mount, or head position and may result in an initial drop in scores):	
Do you have other activities or hobbies going on this season that may conflict with your team activities? It is OK to be busy – listing items here will help the coaches understand you and your schedule!	
What else would you like the coaches to know about you?	