Form 321-654 Rev Date SEP 2020

YSSA (Youth Shooting Sports Association) Participation Fees September 1, 2020 through August 31, 2021

Athlete Name:					
Parents Name: Address:		City:		Zip:	
County:			Birthday:	_ Zip	
Home Phone:			Cell Phone:		
E-Mail:			centinone.		
Shirt Size:		Gend	ler:		
VCCA Face / Ava Ava	ouvel Coata).		Cla a al	. 46 46 - 4 0	Jan.
YSSA Fees (Are Annual Costs):			Cneck	those that App	<u>ly:</u>
• \$100.00 for	YSSA participation fee				
 \$75.00 Rang 	ge Fees for Archery & Laser	Disciplines	5		
Governing Body/	Insurance Fees (Are Annua	al Costs):	Check	those that App	oly:
- +40 00 for 1	OAD /	D: . I: \			
	OAD (Junior Olympic Archery I				
	SSSF (SCTP-Scholastic Clay Targ				
	SSSF (SASP-Scholastic Action Sh		•	·	
	I-H (Does not apply to Current		pers)		
• \$13.00 for A	AIM (Academics, Integrity, Mar	ksmanship)			
• \$12.00 for A	ATA (Amateur Trapshooting Ass	soc.)			
Please check the d	lisciplines listed below in w	hich vour a	athlete is inte	rested in	
	ng the 2020-2021 season.	, mon your o			
	ery (JOAD)		Shot	gun (SCTP, ATA/	'AIM)
	Rifle (4-H, CMP, NRA)			door Skills (4-H)	,
	on Shooting Small Bore (SA	SP)			
	on one ting of the love (or t	J. ,			
Parents, this is a ve	olunteer organization. All a	additional h	nelp is greatly	appreciated. A	re you
willing to voluntee	er to help with YSSA?				-
	Yes, I will help coach. (YSS	A will help	find Required	d Training opport	tunities)
	Yes, I will volunteer in any	-	•	5	·
	Yes, I am interested in a le		osition.*		
	*Please see Bill Pete			be filled.	

Please enclosed 1 check for the total amount payable to - YSSA.