Form 321-654 Rev Date Sep / 22

YSSA (Youth Shooting Sports Association) Participation Fees September 1, 2022 through August 31, 2023

Athlete Name:		
Parents Name:		
Address:	City:	Zip:
County:		Birthday:
Home Phone:		Cell Phone: E-Mail:
		Shirt Size:
	Gend	der:
YSSA Fees (Are Annual Costs):		Check those that Apply:
• \$100.00 for	YSSA participation fee	
Governing Body/I	nsurance Fees (Are Annual Cos	sts): Check those that Apply:
• \$45.00 for J0	OAD (Junior Olympic Archery Discipli	oline)
	SSF (SCTP-Scholastic Clay Target Pro	
• \$12.00 for AT.	A (Amateur Trapshooting Assoc.)	
• \$13.00 for AIN	M (Academics, Integrity, Marksmans	ship)
• \$20.00 for S	SSF (SASP-Scholastic Action Shooting	ng Program)
• \$20.00 for 4	-H (Does not apply to Current IL 4-H	1 Members)
Please check the d	isciplines listed below in which	your athlete is interested in participating
during the 2018-20)19 season.	
Shotg	gun (SCTP, ATA/AIM)	Archery(JOAD)
Air R	ifle (4-H, CMP, NRA)	Outdoor Skills (4-H)
Actio	on Shooting Small Bore (SASP)	
Parents, this is a vo	olunteer organization. All additi	tional help is greatly appreciated. Are you
willing to voluntee	r to help with YSSA?	
	•	ill help find Required Training opportunities
	Yes, I will volunteer in any capa	•
	Yes, I am interested in a leader	
_		n for the positions to be filled.
Please enclosed 1 (check for the total amount paya	/able to - YSSA.

Thank you.