



**Penn Cambria / Cresson Sportsmans
Trap Team Application**

Students or Parent / Guardian - Please Complete This Section

Students Full Name	1st Parent / Guardian Full Name
First Middle Last	First Middle Last
Parent / Guardian Address	1st Parent Cell Phone Number
House # Street City Zip	Mobile Number
Circle Students Current Grade	1st Parent Email Address
7 8 9 10 11 12	Email Address
Have you Ever Shot Trap	2nd Parent / Guardian Full Name
Never Some Often	First Middle Last
Do You Have Your Hunters Safety Card	2nd Parent Cell Phone Number
YES NO	Mobile Number
Do You Have Your Own Trap Gun	2nd Parent Email Address
YES NO	Email Address
Students Date Of Birth -->>	Date Of Birth
I Give Permission For My Child To Participate On The PC / CCSA Trap Team	Parent / Guardian Signature / Date
Initial If Photos / Videos Of Your Child Can Be Posted On Social Media INITIAL HERE 	

Please Make Checks For \$65 Payable To - Cresson Sportsmans Association

If You Wish To Pay By Credit / Debit Card Please Circle -USE MY CARD-

Phone Number To Call For Card Information () _____ - _____

This Section To Be Completed By Trap Team Administration	
Application Received By	
Date Application Received	
League Fee Received By	
How Was Fee Paid Date	
Applicant Approved By	Yes No

