

2026 Contact Information Sheet for NW Indiana Smoking Clays Sporting Clays Team

Father's Name: _____

Address: _____

Phone Number: _____

Email: _____

Mother's Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact: (whom should we call first) _____

Emergency Contact Phone Number: _____

Who is Primary Caregiver: _____

Shooters Name: _____

Main Address: _____

Phone Number: _____

Email: _____

(Cannot be School Email address, must be Private email)

Shooters Shirt Size: _____ Youth or Adult (Please circle Choice)

Sex: Male or Female (Please circle Choice)

Right or Left Handed (Please circle Choice) (Which way they will be holding the gun)