

P.O. Box 403  
Minocqua, WI 54548



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## Junior Trap League

To the Minocqua Gun Club,

I am the parent/legal guardian of \_\_\_\_\_ . This child has my permission to participate in trap shooting activities at the Minocqua Gun Club during 20\_\_\_\_. My child and I have read the rules of participation for the Youth Trap League and we agree to abide by them.

Address of youth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Youth Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hunter Education Certificate # \_\_\_\_\_

Gun Make and Model: \_\_\_\_\_

Gun Serial #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date