

Crooked Creek Trap Club

Fall League Team Registration Sheet

Date: _____

Team Name: _____

Team Sponsor Name: _____

Team Captain: _____

Address, City, State, Zip: _____

Phone: _____

Email: _____

TEAM PAYMENT TRACKER

Directions: Fill in the name and corresponding fee due for each column for each team member below. If you have a team sponsor, please list the total in the Team Sponsor line.

	First Name	Last Name	Sponsor (Adult) - \$50 Sponsor (Youth) - \$25	League Fee - \$50/adult League Fee - \$25/youth	ONLY IF NEW MEMBER	ONLY IF NEW MEMBER	TOTAL
					Membership - \$50/adult Membership - \$25/youth	NRA - \$35/adult NRA - \$15/youth	
	Example - John	Example - Smith	\$ 10.00	\$ 50.00	\$ -	\$ -	\$ 60.00
TS	Team Sponsor - (if applicable)						
1							
2							
3							
4							
5							
SUB							
SUB							
SUB							
SUB							
	Total						
	Paid						

MEMBERSHIP AND NRA FORM

PLEASE COMPLETE ONE PER TEAM MEMBER OR SUBSTITUTE IF THEY ARE A NEW CLUB MEMBER THIS FALL.

Team Name: _____

Year: _____ Date: _____

MEMBER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Email Address: _____

I would like to receive CCTC emails. (circle one): YES NO

NATIONAL RIFLE ASSOCIATION (NRA) INFORMATION

PLEASE PLACE NRA LABEL OR COPY OF NRA CARD BELOW
(Proof of NRA membership is required by CCTC)

Choose one magazine by circling the format you would like to receive:

American Rifleman Print Digital Email

American Hunter Print Digital Email

America's 1st Freedom Print Digital Email

Turn in completed form with packet to Crooked Creek Trap Club treasurer.

For Office Use Only:

NRA CCTC Check # Cash

TOTAL PAID: _____

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Year: _____ Date: _____

MEMBER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Email Address: _____

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Year: _____ Date: _____

MEMBER INFORMATION

Name: _____

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City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Email Address: _____

I would like to receive CCTC emails. (circle one): YES NO

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Year: _____ Date: _____

MEMBER INFORMATION

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Phone: _____ Birthdate: _____

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Year: _____ Date: _____

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Phone: _____ Birthdate: _____

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TOTAL PAID: _____

2020 CROOKED CREEK TRAP CLUB FALL LEAGUE FEES

ADULT TEAM FEES

	Cost	Quantity	Total
Team Sponsor:	\$ 50.00	1	\$ 50.00
League Dues:	\$ 50.00	5	\$ 250.00
2020 Membership Dues (if applicable):	\$ 50.00	5	\$ 250.00
NRA Dues (if applicable):	\$ 35.00	5	\$ 175.00
TOTAL PER TEAM			\$ 725.00

ADULT SUBSITUTE FEES

The total per team above does not include subsistutes.

	Cost	Quantity	Total
Membership Dues (if applicable):	\$ 25.00	1	\$ 25.00
NRA Dues:	\$ 35.00	1	\$ 35.00
TOTAL PER TEAM			\$ 60.00

YOUTH TEAM FEES

	Cost	Quantity	Total
Team Sponsor:	\$ 25.00	1	\$ 25.00
League Dues:	\$ 25.00	5	\$ 125.00
2020 Membership Dues (if applicable):	\$ 25.00	5	\$ 125.00
NRA Dues (if applicable):	\$ 15.00	5	\$ 75.00
TOTAL PER TEAM			\$ 350.00

YOUTH SUBSITUTE FEES

The total per team above does not include subsistutes.

	Cost	Quantity	Total
Membership Dues:	\$ 25.00	1	\$ 25.00
NRA Dues:	\$ 15.00	1	\$ 15.00
TOTAL PER TEAM			\$ 40.00