

# DCWC Family Shooting Camp Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Youth Section:

Camper 1: Male/Female Age:            Height:            Weight (if less than 100 lbs):

Camper 2: Male/Female Age:            Height:            Weight (if less than 100 lbs):

Camper 3: Male/Female Age:            Height:            Weight (if less than 100 lbs):

## Participating Parent Section: (Parents are encouraged to shoot)

Parent 1: Male/Female Height:            Weight (if less than 100 lbs):

Parent 2: Male/Female Height:            Weight (if less than 100 lbs):

If parent(s) are not participating, how many will be present (circle answer): 1 2

Please describe any participant's prior shooting experience if they have had such on the back of this form. No experience is required for participation. This is for planning purposes.

Price: \$15 per youth and \$25 per participating (shooting parent).

List total amount enclosed:     \$

Send this form and check (made payable to Durham County Wildlife Club) to:

Doug Ericson  
13132 Ashford Park Drive  
Raleigh, NC 27613

Must be received on or before September 13<sup>th</sup> 2008.