

Cheyenne Trap and Skeet Club Team Sign Up

Winter

Spring

Summer

Fall

20

Team Name: _____

Preferred time shoot: _____

Team Captain: _____ **Phone:** _____ **Email:** _____

Shooter 2: _____ **Phone:** _____ **Email:** _____

Shooter 3: _____ **Phone:** _____ **Email:** _____

Shooter 4: _____ **Phone:** _____ **Email:** _____

Shooter 5: _____ **Phone:** _____ **Email:** _____

Sub 1: _____ **Phone:** _____ **Email:** _____

Sub 2: _____ **Phone:** _____ **Email:** _____

Sub 3: _____ **Phone:** _____ **Email:** _____

***NOTE: Teams are limited to 30 minute time slots. Teams exceeding time or late will be moved to the practice trap to shoot.**