

INFORMATION DATA SHEET LCVB YOUTH TRAP PROGRAM



Please complete top portion. Please print legibly.

2024

<hr/> <small>Shooter's First and Last Name</small>	<hr/> <small>Nick Name</small>	
<hr/> <small>Mailing Address</small>	<hr/> <small>Age</small>	<hr/> <small>Grade</small>
<hr/> <small>City, State, Zip</small>	<hr/> <small>Date of Birth</small>	<hr/> <small>Shooter's Cell Phone Number</small>
<hr/> <small>Parent/Guardian First and Last Name</small>	<hr/> <small>Relationship</small>	<hr/> <small>Phone # <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work</small>
<hr/> <small>Parent/Guardian First and Last Name</small>	<hr/> <small>Relationship</small>	<hr/> <small>Phone # <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work</small>
<hr/> <small>Parent/Guardian First and Last Name</small>	<hr/> <small>Relationship</small>	<hr/> <small>Phone # <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work</small>
<hr/> <small>Shot Gun: please check (√) one <input type="checkbox"/> 12 <input type="checkbox"/> 20</small>	<hr/> <small>Hat Size <input type="checkbox"/> Small/Medium <input type="checkbox"/> Large</small>	<hr/> <small>Shirt Size Youth <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large</small>
		<hr/> <small>Shirt Size Adult <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> XX Large</small>

Program Director Use Only

Safety Briefing		
<hr/> <small>Date Attended</small>	<hr/> <small>Instructor</small>	<hr/>
Report Card		
<hr/> <small>Average Grade</small>	<hr/> <small>Date Verified</small>	<hr/> <small>Verified By</small>
Payments		
	<hr/> <small>Total Amount Due:</small>	
1	<hr/> <small>Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check #</small>	<hr/> <small>Payment Amount:</small>
	<hr/> <small>Balance Due:</small>	<hr/> <small>Received By:</small>
2	<hr/> <small>Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check #</small>	<hr/> <small>Date:</small>
	<hr/> <small>Payment Amount:</small>	<hr/> <small>Received By:</small>
	<hr/> <small>Balance Due:</small>	<hr/> <small>Date:</small>

Notes or Comments
