

EASTERN CONNECTICUT SKEET CLUB
2018-2019 TEAM ROSTER APPLICATION

CLUB: _____ PHONE: () _____

MAIL ADDRESS: _____ CITY, ST.: _____ ZIP: _____

TEAM NAME: _____ *TEAM AVG TOTAL: _____

CAPTAIN: _____ PHONE: () _____

ADDRESS: _____ CITY _____, ST: _____ ZIP: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

SHOOT LAST YEAR: YES ___ NO ___, IF YES, DIV: _____ TEAM: _____ AVG _____

NAME: _____ PHONE: () _____

ADDRESS: _____ CITY _____, ST: _____ ZIP: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

SHOOT LAST YEAR: YES ___ NO ___, IF YES, DIV: _____ TEAM: _____ AVG _____

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***TOTAL of TOP (5) FIVE SHOOTERS. See Section 1, Paragraph F of the Shooting Rules available at: WWW.ECSC-SKEET.COM**