



2009 CMP Three-Position Air Rifle Camps

TEAM OR INDIVIDUAL REGISTRATION FORM

CAMP CHOICE: _____

PLEASE CIRCLE ONE- Registration Choice: COMMUTER or RESIDENTIAL

(CMP will notify you if your initial selection is full so you may make an alternate choice or be placed on a waiting list.)

Teams or individual athletes **must** have an adult leader attending camp with them.

Participants **must submit with this registration form** Medical Release forms and deposits for **everyone** listed below. Make sure contact information is correct and printed clearly, all additional camp information is sent to adult leaders.

Team Name (school, JROTC unit, club)			
Contact Phone #			
Mailing Address:			
<i>Please circle selections and fill-in all blanks below. Instructions for looking-up Competitor ID#'s can be found on the Camp Info Page on the CMP homepage. If you do not have a CMP Competitor ID# we can provide one for you. If your entire group does not fit on this form, please use additional applications.</i>			
Athlete Names	Competitor #	DOB/Sex	T-Shirt Size
1.			S M L XL XXL
Emergency Contact /phone#	Sporter Precision	M F	
2.			S M L XL XXL
Emergency Contact/phone#	Sporter Precision	M F	
3.			S M L XL XXL
Emergency Contact/phone#	Sporter Precision	M F	
4.			S M L XL XXL
Emergency Contact/phone#	Sporter Precision	M F	

5.			S M L XL XXL
Emergency Contact/phone#	Sporter Precision	M F	
Adult Leaders	Competitor #	DOB/Sex	T-Shirt Size
1.			S M L XL XXL
<u>Cell Phone #</u>		M F	
Email			
2.			S M L XL XXL
<u>Cell Phone #</u>		M F	
Email			

CAMP COST:

\$350 (athlete) \$150 (adult) for Residential Camps
\$225(athlete) \$30 (adult) for Commuter Camps
\$265 (athlete) \$70 (adult) of Camp Perry Camp

Note: \$30 Deposit due for each person listed on this application along with Medical Release Forms. (Applies to both Adult Leaders and Athletes)

Camp Payment Information:

Full Payment _____ Deposit _____

Make Checks payable to "CMP" or use Credit Card

Credit Card

_____ Exp. _____

Name on Card _____

CVV2# (3 digit # on back of card) _____

Deadline for final payment is 24 April 2009, if payment is not received by deadline you will be dropped from the camp. If you need to cancel your reservation you must do so in writing 2 weeks prior to the start of your selected camp. If you fail to contact CMP you will not receive a partial refund. **To change a participant listed on this form you must submit a PARTICIPANT SUBSTITUTION FORM.** If you have additional questions, please refer to the camp info page at www.odcmp.com, or contact Sommer Wood at (419) 341-5248 or email swood@odcmp.com.

Fax forms to: 419-635-2802
 Mail forms to:
 Civilian Marksmanship Program
 Summer Camp Registration
 PO Box 576
 Port Clinton, OH 43452