



# PACIFIC INTERNATIONAL TRAPSHOOTING ASSOCIATION Y-E-S TEAM REGISTRATION

**Team Name:** \_\_\_\_\_

Is your team affiliated with school?      YES      NO      Name of School: \_\_\_\_\_

**Coach Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ WORK HOME CELL      Shirt Size: \_\_\_\_\_

*circle*

*mens sizing*

Phone: \_\_\_\_\_ WORK HOME CELL      Left Hand Right Hand

*circle*

*circle*

E-mail Address: \_\_\_\_\_

E-mail will be the major method of contact for this program. Please keep your information up to date by notifying us at YES@shootpita.com. Your name, city, state, email address and phone contacts will be used on our website and publications. If you do not want information shared please check boxes below.

**Do not use home phone number**

**Do not use email address**

**Do not use cell phone number**

**Do not use any of my information**

Are you accepting new team members:      YES      NO  
*circle*

**Gun Club Information:**

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

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

*City, if different than mailing address*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ WORK HOME CELL  
*circle*

**Team Registration Fee:**      \$25.00      ***This fee is waived for clubs hosting scheduled PITA shoots.***

Include check payable to PITA YES with registration form or phone (541) 258-8766 to pay with credit card.

State/Province Abbreviation

Coach's Name: \_\_\_\_\_

Check here if you have already submitted your initial registration and these are additions to your team

**Team Member Information:**

Leave blank if no number.

Grade:	First Name:	Last Name:	PITA #:	Shirt Size	Circle
1.	_____	_____	_____	_____	YOUTH ADULT
2.	_____	_____	_____	_____	YOUTH ADULT
3.	_____	_____	_____	_____	YOUTH ADULT
4.	_____	_____	_____	_____	YOUTH ADULT
5.	_____	_____	_____	_____	YOUTH ADULT
6.	_____	_____	_____	_____	YOUTH ADULT
7.	_____	_____	_____	_____	YOUTH ADULT
8.	_____	_____	_____	_____	YOUTH ADULT
9.	_____	_____	_____	_____	YOUTH ADULT
10.	_____	_____	_____	_____	YOUTH ADULT
11.	_____	_____	_____	_____	YOUTH ADULT
12.	_____	_____	_____	_____	YOUTH ADULT
13.	_____	_____	_____	_____	YOUTH ADULT
14.	_____	_____	_____	_____	YOUTH ADULT
15.	_____	_____	_____	_____	YOUTH ADULT
16.	_____	_____	_____	_____	YOUTH ADULT
17.	_____	_____	_____	_____	YOUTH ADULT
18.	_____	_____	_____	_____	YOUTH ADULT

*Photocopy this form to register more team members.*

**Mail this form, all PITA Membership Applications and Parental Consent Forms to:**

**PITA - YES  
PO Box 770  
Lebanon, OR 97355**