

Plan now to attend the

2010 Youth Shotgun Safety Day Camp

June 14 (9 a.m. – 4 p.m.), **June 15** (9 a.m. – 4 p.m.), **June 16** (9 a.m. – 3 p.m.) and **June 17** (9 a.m. – 7 p.m.)
at the **Clinton County Farmers' and Sportsmen's Association**
301 Batson Road, Wilmington, Ohio 45177

This will be an educational and fun four days for the beginner as well as the experienced youth shotgun shooting sports enthusiast.

Camp will include:

- Shotgun safety instruction
- Demonstration and practice on proper form when shooting
- Demonstration and practice safe handling of firearms
- Demonstration and practice shooting skeet
- Rifle, Pistol, Cowboy Action, and Archery Sampler
- All ammunition for the four days
- Shotguns, Rifles, Pistols and Bows for each participant to shoot
- Lunch each day for the participants
- T-Shirt and Hat per participant
- \$5.00 certificate for a youth membership in CCFSA
- 10 round skeet card for CCFSA
- Carry-in dinner for participants, parents and instructors on Thursday Evening.

Camp fee is **\$50.00** per participant.

Make checks payable to:
Clinton County Farmers' and Sportsmen's Association (CCFSA)

Mail Completed registration and Check to:
Cindy Warren
Attn: CCFSA Camp
1001 Clement Road
Wilmington, Ohio 45177

Please Register by **June 4.**
Camp limited to the first 30 registrations.

Camp instructors are 4-H Certified and/or NRA Certified Instructors

If you have a child or children, ages 9 to 19, interested in shotgun safety and shooting sports, please register them by completing the form below.

Name _____ Age _____ Phone Number _____

Parent/Guardian Names _____

Address _____

Shirt Size – ADULT S M L XL
CHILD S M L XL
Other _____

We may have an opportunity to offer a week-long Pistol camp June 14-17. If your child would rather participate in Pistol instruction instead of Shotgun, please check here _____. I will contact you with additional details.

Allergies _____

Check if participant is subject to:

<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Convulsions
<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	Epileptic seizures	<input type="checkbox"/>	Asthma controlled (yes – no)	<input type="checkbox"/>	Kidney Trouble
<input type="checkbox"/>	Other please list _____						

I hereby give permission for _____ to participate in the activities of the CCFSA Youth Shotgun Safety Camp. We approve of his/her use of firearms and ammunition in the shooting sports activities. It is my understanding that strict rules of conduct are required and safety habits a must. Any participant in violation at any time will be disciplined. The club will attempt to instill all safety requirements in all participants, but cannot assume responsibility for any individual who does not comply. I further agree not to hold the camp instructors or members of CCFSA liable for any injuries sustained by my child during any of the activities.

SIGNED: _____ DATE: _____ RELATIONSHIP: _____

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