



# EASTERN CORNHUSKER TRAPSHOOTING CONFERENCE ELIGIBILITY ROSTER

School/Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Please list all participants. Indicate male/female, date of Birth, age as of January 1 of this year, Hunter Education number and indicate if a 4-H member.**

NAME (Last Name, First Name)	M/F	Date of Birth	Age as of Jan 1	Grade in School	Hunter Education Number	4-H

Additional lines can be added by putting your cursor in the last column of the last line and hit tab. Repeat until you have enough lines.

**The above information is correct as stated. All students are enrolled full-time.**

By signing this document, you are not endorsing the sport of Trapshooting. You are confirming full-time enrollment in your school system.

\_\_\_\_\_ **Authorized Signature**  
**(Superintendent, Principal, AD, Guidance)**

Once completed, email Word document to Pam Scholz, [scholz.pam@gmail.com](mailto:scholz.pam@gmail.com). Signed roster can be mailed to 15855 Bobwhite Trail, Crete, NE 68333, or email.