



# 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 (Please Print or Type Clearly)	M/ F	Date of Birth	Age as of Jan 1	Grade in School	Hunter Education Number	4-H
1.						
2.						
3.						
4.						
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19.						
20.						

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

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