



EASTERN CORNHUSKER TRAPSHOOTING CONFERENCE TRANSFER OF ELIGIBILITY ROSTER

From School: _____ Coach: _____
 To School/Team: _____ 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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11.						
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18.						
19.						
20.						

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

Authorized Signature of "transfer from school"
 (Superintendent, Principal, AD, Guidance)

Authorized Signature of "transfer to school"
 (Superintendent, Principal, AD, Guidance)