



# EASTERN CORNHUSKER TRAPSHOOTING CONFERENCE TRANSFER OF ELIGIBILITY ROSTER

From School: \_\_\_\_\_  
 To School/Team: \_\_\_\_\_  
 Date: \_\_\_\_\_

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

**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)**

By signing this form you are confirming enrollment in your school system.