



2015 US ARMY MARKSMANSHIP UNIT ACTION SHOOTING JUNIOR CLINIC

OCTOBER 30 – NOVEMBER 1, 2015
KRILLING RANGE
FORT BENNING, GA



PRE-REGISTRATION FORM

PARTICIPANT'S NAME: _____

BIRTH DATE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

USPSA/IDPA Classification: _____ Years experience: _____

PLEASE CHECK BLOCK IF ATTENDING WITH JUNIOR

☐ PARENT/GUARDIAN NAME: _____

PHONE #: _____ EMAIL: _____

☐ PARENT/GUARDIAN NAME: _____

PHONE #: _____ EMAIL: _____

**PLEASE INCLUDE A SHORT BIOGRAPHY OF YOURSELF. TELL US ABOUT YOUR
SHOOTING EXPERIENCE TO DATE AND FUTURE GOALS IN THE SHOOTING SPORTS.**

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Please fill out pre-registration form and waiver and hold harmless agreement.

E-mail to PFC Harris NO LATER THAN OCTOBER 1, 2015

Actionshooting2004@gmail.com

or

Mail to:
USAMU Action Shooting Team
7031 Bills Street, Bldg 243
Fort Benning, GA 31905

Point of Contact:
PFC Katelin Harris
Cell: 770-807-9341

BIOGRAPHY

Give a brief summary of your shooting experiences and proceed to the questionnaire.

- 1.) What do you expect to gain from your attendance at the junior clinic?

- 2.) Why do you want to be at the USAMU Junior Clinic?

- 3.) What is your experience in shooting and competition shooting? (USPSA, 3-gun, IDPA, etc.)

- 4.) Tell me a little about yourself. Age, hobbies, family members, pets, etc.

- 5.) What are your goals in the shooting sports and life goals?