



**National Rifle Association / Scholastic Pistol Program**  
Pistol Camp  
August 7-9, 2015  
Hosted by the Illinois Rifle Association

The National Rifle Association and The Scholastic Pistol Program are proud to announce the first annual Scholastic Pistol Program Pistol Camp. The camp will take place August 7<sup>th</sup> through the 9<sup>th</sup>, 2015 at the Illinois State Rifle Association Range at Bonfield located in Kankakee, Illinois. **Registration deadline is July 31.**

The unique camp, sponsored by the NRA, will be limited to 32 athletes and will feature both range and classroom training aimed to take an athlete to the next level.

We will be using .22 LR for the camp (ammo is included in the cost of the camp) and pistols will be available for those that do not have a suitable gun. If an athlete prefers to use their 9mm pistol they will be required to furnish their own ammo (650 rds).

Please complete the **Registration Form and Health History Form** and return it to Tammy Mowry.

**Registration Fee for the Pistol Camp is:** Normally the registration fee for a special camp like this would be \$300 per camper. But due to a special grant by the NRA Foundation, the cost per camper will only be \$150!

***In addition there will be a Level 1 Pistol Coaches certification being offered at the same time.***

The Coach certification is offered to the adults and is a separate program, not part of the curriculum for the athletes **but** anyone over 15 could attend the Coach class (15-17 = Junior Pistol Trainer, 18 and up = Coach).

The coach school is the heart of the coach education program. The instructors use up-to-date materials and PowerPoint presentations to present the discipline-specific coach course.

The registration fee includes a copy of the discipline-specific coach student study guide and other materials to help you with the details of coaching. Participants complete an open-book test as homework during the first evening of the course.

**Cost: \$160 for SPP coaches/adult volunteers, \$190 for non-SPP individuals.** Please complete the Level 1 Pistol Coach Registration form and return to Tammy Mowry.

**If you are in need of a hotel, here is Hotel Information for the Hampton Inn Bradley/Kankakee**  
60 Ken Hayes Drive  
Bourbonnais, Illinois 60914  
815-932-8369; Ask for Kyrstin Stephens  
Rate is \$99 per night (plus tax)



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**Camp Registration Form**

Athlete's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male / Female

T-shirt Size: Small Medium Large XL XXL XXL

What is your best SPP match time: \_\_\_\_\_

Parent/Guardian Approval to Apply: \_\_\_\_\_

Credit Card (Visa, MasterCard, Discover): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card (3 digit security code): \_\_\_\_\_

Mail Completed Form to:

Tammy Mowry  
 SPP Program Manager  
 288 Crisswell Road  
 Butler, PA 16002  
 (724) 822-7390

If paying by credit card, you may also scan and email your application to: [tmowry@sssffonline.com](mailto:tmowry@sssffonline.com)



**HEALTH HISTORY FORM**

National Rifle Association / Scholastic Pistol Program  
Pistol Camp  
August 7-9, 2015

Camper's Information:

(Print) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_

Work / Cell Phone: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ ID No.: \_\_\_\_\_

Camper has or is subject to (Check if yes):

- Asthma
- Heart Trouble
- Diabetes
- Convulsions
- Fainting Spells
- Bleeding Disorders
- Allergy to any medications, food, plants, animal or insect toxins.
- Any condition that may require care, medication, or diet.

Explain:

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- Check here if none of the above apply.
- Check here if this is camper's first time away from home.

Does camper have difficulty with (Check if yes):

- Homesickness
- Digestion
- Lungs
- Bed-wetting
- Sleep Walking
- Eyes/Ears/Nose/Throat

Condition now requiring medication?  Yes  No

Medication: \_\_\_\_\_

Any restrictions of activity for medical reasons?  Yes  No

Explain: \_\_\_\_\_

Immunizations:            Date of last Inoculation

Tetanus Toxoid: \_\_\_\_\_ Polio: \_\_\_\_\_

Mumps: \_\_\_\_\_ Diphtheria: \_\_\_\_\_

Measles: \_\_\_\_\_ Rubella: \_\_\_\_\_

Pertussis: \_\_\_\_\_

**PARENT AUTHORIZATION:** This health history is correct to the best of my knowledge and belief, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event my child should require medical attention for any reason and I cannot otherwise be reached, I hereby give permission to the National Rifle Association (NRA) or such other employee or person as the NRA may designate to act in my stead and to authorize such medical treatment as my child, in the opinion of the treating physician, may require.

Information contained on this document will be treated as confidential and is requested only for the purpose of obtaining medical help in the event that it should become necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Parent or Guardian)**

In Case of Emergency, please notify: Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Cell: \_\_\_\_\_

Notarized by: \_\_\_\_\_ Signature: \_\_\_\_\_