



**National Rifle Association / Scholastic Pistol Program**  
Pistol Camp  
December 21 – 23, 2015  
Hosted by the Pima Pistol Club

The National Rifle Association and The Scholastic Pistol Program are proud to announce the first Scholastic Pistol Program Pistol Camp in Tucson, Arizona. The camp will take place December 21-23, 2015 at the Pima Pistol Club. **Registration deadline is December 15.**

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.

The first two days will include shooting skills. Day three is an SPP camp match in the morning and during the afternoon the campers will be able to experience a sample of the Bianchi Cup. The price includes 3 lunches, ammunition and a SPP camp shirt.

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!

**Club Address and Directions:**

**Pima Pistol Club  
13990 N. Lago Del Oro Pkwy  
Tucson, AZ 85739**

Google address:

<https://www.google.com/maps/place/13990+N+Lago+Del+Oro+Pkwy,+Tucson,+AZ+85739/@32.4597356,-110.9063859,17z/data=!4m2!3m1!1s0x86d60e03a6e0caa1:0x8d4ec29639843691?hl=en>

Directions to Pima Pistol Club from Oracle Road & Ina Road in Tucson:

Drive 10.3 miles north on Oracle Road/Hwy 77

Turn right onto Wilds road. Drive 0.7 miles.

Turn right onto N. Bowman Road. Drive 1.0 mile

The pavement will end. Continue on the same road, driving down the hill. It will curve around to the left and then cross the wash.

You have arrived at the Pima Pistol Club.



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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

SPP Team: \_\_\_\_\_

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): \_\_\_\_\_

Address Associated with Credit Card Number: \_\_\_\_\_

**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@sssfonline.com](mailto:tmowry@sssfonline.com)



**HEALTH HISTORY FORM**

National Rifle Association / Scholastic Pistol Program  
Pistol Camp  
December 21-23, 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
- 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: \_\_\_\_\_

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