



SCTP New Team Application

Please fill out this Package application completely! Attach or email separately the FFL if requested.



TEAM NAME _____

STATE _____ HEAD COACH _____

of Coaches Registered with SCTP _____ # of Athletes Registered with the SCTP _____

Package Request: Basic Package Premium Package

If getting Premium Package, is the firearm going to be a: Team Gun OR Raffle Gun

Type of Firearm requested: Over/Under OR Semi-Auto

Name of FFL that will be accepting the Firearm _____

SHIRT Sizes and Qty: (athletes registered) S____ M____ L____ XL____ 2XL____ 3XL____

SEND PACKAGE TO:

NAME _____

ADDRESS _____

City _____ STATE _____ ZIP _____

By signing below, I guarantee that my team was not registered with the SCTP the previous year, has 2 coaches and 10+ athletes registered for the Basic Package and 4+ coaches and 25+ athletes registered for the Premium package.

Print Name _____ Signed _____

Date _____

OFFICE USE ONLY

Package – Approved / Denied Package # _____ Package Type: Basic / Premium

Package sent to fulfillment _____ Package sent from SCTP Headquarters _____

Team Verified _____ By _____