



**Scholastic Action Shooting Program (SASP)**

N65W7335 Cleveland St  
Cedarburg, WI 53012-1856  
262-894-4284

[rleach@sssfonline.com](mailto:rleach@sssfonline.com)

JODC ATHLETE CAMP APPLICATION / QUESTIONNAIRE

**2019 Shooting Season**

Camp Interested In:  May 2019

Athlete Name: \_\_\_\_\_

SASP Head Coach / Team Name: \_\_\_\_\_

Age: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

State of Residence: \_\_\_\_\_

USA Shooting Membership ID: \_\_\_\_\_

Shooting Disciplines:  Pistol  Rifle

Years with SASP: \_\_\_\_\_

Grade Point Average (GPA): \_\_\_\_\_

Participation: High School / Civic

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participation: Hobbies / Sports

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to pay the \$695 fee for class materials, room & board at OTC?  Yes  No

*\*Due to scheduling & commitments, there will be no refunds of fees 21 days or less before the event takes place.*



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**Please take the space below to write about yourself, including shooting experience:**

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**Athlete Name: (Please Print)**

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**State:**

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**Parent / Guardian Approval: (Signature)**

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**E-Mail Address:**

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