



South Carolina Department of Natural Resources
Scholastic Clay Target Sports

COACH'S REGISTRATION FORM

Head Coach Assistant Coach

(Only One Head Coach Per Team. Please Check One)

Team Name:

Name:

Mailing Address:

City: State: South Carolina Zip:

Cell Phone: Alternate Phone:

E-mail:

Gender: Male Female Date of Birth:

TRAINING CERTIFICATION: (MUST HAVE ONE)

4H Shotgun Safety Training Date of Certification:

SCYSF Assistant Coaches Training Date of Certification:

*Other (NSCA, SCTP, CSM) Date of Certification:

*If other, please list the type of training:

Organization:

Public School Private School 4 - H School Boy Scouts

Home School Church Group Gun Club

The information above is true and I agree to follow all **SCDNR** rules, terms, and conditions.
(SEE ATTACHED SAFETY RULES)

Coach's Signature: Date:

Name of Principal/Headmaster: Date:
(Required for school teams only)

Principal/Headmaster Signature:
(Required for school teams only)

Please complete and email to ugrjg@dnr.sc.gov or fax to 803-734-4491 Attn. Staff SGT Scott Stephens