APPLICATION

USAMU SERVICE RIFLE CLINIC AND TRYOUT 12-16 SEPTEMBER 2016

NAME:_____

STREET ADDRESS:_____

CITY:_____STATE:_____

PHONE:_____

EMAIL ADDRESS:_____

YEARS OF COMPETITIVE EXPERIENCE:_____

CLASSIFICATION: HM MA EX SS MK UN

ACTIVE DUTY ARMY ONLY:

RANK:_____

TIME IN SERVICE:_____

CURRENT UNIT:_____

IS CHAIN OF COMMAND WILLING TO DO LOR IF SELECTED: Y N

DO YOU REQUIRE EQUIPMENT? Y N

PARTICIPANT'S SIGNATURE:_____

PARENT'S SIGNATURE:_____

PRINTED NAME:_____

*You will be contacted via email by September 3rd to verify entry into the clinic/tryout