

TIOGA SPORTS PARK ASSOCIATION

4<sup>th</sup> Annual

2025 TURKEY SHOOT

REGISTRATION FORM

There needs to be a registration form for *each individual child* that is participating. So please fill out the following and either e-mail it back to: [Helper99@frontier.com](mailto:Helper99@frontier.com) OR mail it to TIOGA SPORTS PARK, P.O. Box 293, Coquille, OR 97423.

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Printed Parent's/Guardian's Full Name

\_\_\_\_\_  
Where did you hear about this event?

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Best number to be reached at

\_\_\_\_\_  
City and Zip

\_\_\_\_\_  
e-mail address:

SPECIAL NEEDS: (Please specify if your child has any special medical needs that we should know about.)

\_\_\_\_\_  
\_\_\_\_\_  
**NOTE: All children must be accompanied by a parent/guardian at all times. All shooters need to have ear and eye protection. So please plan accordingly. Any accompanying adults must have ear protection as well.**

\_\_\_\_\_  
FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Registration No. \_\_\_\_\_ Division: \_\_\_\_\_

Shooting Time: \_\_\_\_\_

(9/22/25)