

TIOGA SPORTS PARK ASSOCIATION
SECOND ANNUAL PIN SHOOT 2025
REGISTRATION FORM

There needs to be a registration form for *each individual person* that is participating. So please fill out the following and either e-mail it back to: Helper99@frontier.com OR mail it to TIOGA SPORTS PARK, P.O. Box 293, Coquille, OR 97423. Deadline for forms to be in is 7/12/25.

_____ Type of firearm(s) that will be used
Full Name

Child? ____ Adult? ____

How did you hear about the event? _____

Did you come with anyone else to team up with? Name: _____

Printed Name if Parent/Guardian _____

FOR ALL PEOPLE REGISTERING:

_____ Best number to be reached at
Street Address

_____ e-mail address:
City and Zip

SPECIAL NEEDS: (Please specify if you or your child have 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: _____

(6/17/25)