

TIOGA SPORTS PARK ASSOCIATION

5th Annual

2026 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 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)