



EASTERN CORNHUSKER TRAPSHOOTING CONFERENCE TRANSFER OF ELIGIBILITY ROSTER

From School: _____ Coach: _____
 To School/Team: _____ Address: _____
 Date: _____ Phone: _____
 E-Mail: _____

Please list all participants. Indicate male/female, date of Birth, age as of January 1 of this year, Hunter Education number and indicate if a 4-H member.

NAME (Last Name, First Name)	M/F	Date of Birth	Age as of Jan 1	Grade in School	Hunter Education Number	4-H

The above information is correct as stated. All students are enrolled full-time.

Authorized Signature of "transfer from school"
(Superintendent, Principal, AD, Guidance)

Authorized Signature of "transfer to school"
(Superintendent, Principal, AD, Guidance)

By signing this form you are confirming enrollment in your school system.