

# Yes! We want to affiliate with The American Legion Junior Shooting Sports Program.

***There is NO affiliation fee. Complete and return this form.***

Adult Leader:

Team/Club Name:

Address: Street/City/State/Zip

Home Telephone:

Work Telephone:

E-Mail Address:

Sponsoring Post:

Address: Street/City/State/Zip

Signature of Adult Leader:

Date:

Signature of Post Commander:

Date:

**Return to: The American Legion Junior Shooting Sports Program ~ P.O. Box 1055 ~ Indianapolis, IN 46206**

