



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: