

# MYSSA TEAM REGISTRATION FORM

Submit: Fill out form and send as an attachment to: [MOTRAPS@ATT.NET](mailto:MOTRAPS@ATT.NET) or Fax: 573-346-4507

		<i>Shoot Date</i>	September 10, 2011
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## Shoot Information

<i>TEAM NAME</i>			
<i>Team Division</i>			
<i>School</i>			

## Coach Information

<i>Coach's Name</i>		<i>Coach's Home Phone Number</i>		
<i>Coach's Address</i>		<i>Coach's Cell Phone Number</i>		
<i>Coach's City</i>		<i>State</i>		<i>Zip</i>
<i>Coach's Email</i>				

## Shooter Information/Score Submission

If submitting shooters for an entire squad, use the corresponding post. For individuals, the post number is irrelevant. Just fill in their information and your declaration at the top of this page.

Post 1. 7 Digit Phone Number	Name	Grade as of 09/01/2011	Category
Post 2. 7 Digit Phone Number	Name	Grade as of 09/01/2011	Category
Post 3. 7 Digit Phone Number	Name	Grade as of 09/01/2011	Category
Post 4. 7 Digit Phone Number	Name	Grade as of 09/01/2011	Category
Post 5. 7 Digit Phone Number	Name	Grade as of 09/01/2011	Category