COTTER PUBLIC SCHOOLS

P.O. Box 70 · Cotter, Arkansas 72626

AIRL CHEEK

Elementary Principal (870) 435-6655

VANESSA THOMAS-JONES

Superintendent (870) 435-6171 Fax (870) 435-1300

DOUGLAS CORLEY

High School Principal (870) 435-6323

Information for Shooting Sports

| Student Name: | Gr | 'ade: |
|---------------------------------------------|--------------------------|---------------|
| Hunter's Ed Number: | Need Class: | |
| Mailing address: | | |
| • | | |
| Physical Address (if different): | | |
| *Student Phone Number: | | |
| Student Fmail: | | |
| Student Email:Student date of birth: | | |
| Student date of birth. | | |
| Parent/Guardian Name: | | |
| *Parent/Guardian Phone Number: | | - |
| Parent/Guardian Email: | | _ |
| | | |
| *Please make sure we have current phone nur | mbers as we will be mair | nly using the |
| Remind App to communicate with everyone. | | |
| T () | 22 | |
| Type of shotgun: 12 go | iuge 20 gauge | |
| T-Shirt Size: YM YL AS AM AL XL 2XL | 3XL Other | |
| ★ You MUST have transportation to and | from practices | |
| ★ You must have your gun in a case while | | |
| ★ NO shells are to be brought to practic | | |
| ★ NO guns are allowed on campus. | | |
| ★ Must participate in a minimum of five (| (5) practices after Febr | ruary 1st to |
| compete at regionals in Jacksonville. | | , |
| | | |
| Student Signature: | | |
| Parent/Guardian Signature: | | |

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