



Saginaw Field & Stream Club
P.O. Box 2092
Saginaw, MI 48605

YOUTH SHOTGUN PROGRAM REGISTRATION FORM

Student Name _____

Parent Name _____

Address _____

City: _____ Zip Code: _____

Phone: _____

E-mail address: _____

Grade in School: _____ Age: _____

Fill out this form and mail it to Saginaw Field & Stream Club at the address noted above.