

**Practice Relay, Registration, and Equipment Control REQUEST Form**

This worksheet is for your convenience only.

This information is required for the online registration process.

ONLINE REGISTRATION DUE NO LATER THAN 1200 ON MARCH 9  
Must complete form online at: <https://forms.gle/yvoWVz4itdhnrvov5>

Please note: Registration/Equipment Control/Practice Relays may be different from the match relay assignment. Match relays are by random draw.

Coach Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ School: \_\_\_\_\_

I am registering the following athletes for the 2026 GHSA Rifle State Championship. This is a CMP sanctioned event. Please provide CMP #s. These can be obtained/looked up at:

<https://ct.thecmp.org/app/v1/>

	NAME	GRADE	CMP Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Individuals [292+] registering who are not listed as team members above:

	NAME	GRADE	CMP Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Requested Training Time:** (Indicate 1<sup>st</sup> choice, 2<sup>nd</sup> choice, 3<sup>rd</sup> choice)

- \_\_\_\_\_ Relay 1 [1300-1400]    REGISTRATION/EQUIPMENT CONTROL    1200-1250
- \_\_\_\_\_ Relay 2 [1430-1530]    REGISTRATION/EQUIPMENT CONTROL    1330-1420
- \_\_\_\_\_ Relay 3 [1600-1700]    REGISTRATION/EQUIPMENT CONTROL    1500-1550