



NATIONAL RIFLE ASSOCIATION OF AMERICA
Incorporated 1871
11250 Waples Mill Road, Fairfax, VA 22030

**NRA JUNIOR PISTOL CAMP
JULY 14–18, 2009
CAMP PERRY, OHIO**

February 4, 2009

Attention All Junior Pistol Shooters!

The NRA is pleased to announce that its annual *NRA Junior Pistol Camp* will be held on **July 14–18, 2009**, at **Camp Perry, Ohio**.

CAMP PROGRAM AND OBJECTIVES:

All pistol camp students will receive expert coaching in the fundamental principles and techniques of **conventional** and **international** pistol shooting. Students will be provided a safe, enjoyable learning experience that will significantly contribute to improving their shooting skills.

The pistol camp activities will not conflict with the .22 cal. stage of the National Pistol Championship match held on July 16, and students enrolled at the pistol camp will be able to also participate in the .22 cal. matches. Entry fees for the National Championships are not included in the camp registration fees.

STAFF QUALIFICATIONS:

All instruction and coaching will be conducted by outstanding official **NRA Certified Coaches**.

STUDENT ELIGIBILITY:

The pistol camp has been primarily designed for the intermediate shooters. However, beginners will be accepted on a **space available** basis. Shooters need to be **at least 12 years old**.

ADULT SPONSORSHIP:

Students who have not reached their **18th Birthday** by July 1, 2009, must be accompanied to Camp Perry by an adult sponsor (age 21 or older). An adult may not sponsor more than **three** junior students.

LIMITED ENROLLMENT:

Enrollment will be limited to **50** students.

REGISTRATION AND FEES:

Registration forms and fees for camp will be accepted at NRA Headquarters on a first-come, first-served basis. For all mailed entries, the earliest postmarks will be used to determine order of acceptance. Registration fees cover all administrative costs and training materials. (The registration fees do not cover other costs such as travel and room and board.)

- **Travel Expense Reimbursement:** First-time campers are eligible for tuition and travel reimbursements up to \$500.00 per individual and up to a total of \$5000.00 for the entire camp. You must provide receipts and or vehicle mileage. The Bullseye-L Internet Forum generously provides this support.
- **Advanced Registration:** The fee for advanced registration is **\$175.00** per student, and must be received by the NRA ***not later than June 15, 2009***.
- **Standard Registration:** The fee for standard registration is **\$200.00** per student. This fee will be charged for students whose registration materials are received ***after June 15, 2009*** (postmarks will determine acceptance of all mailed materials), or for students who register directly at Camp Perry.

All required entry forms for the pistol camp are enclosed with this letter, and consist of:

- ***Registration Form***
- ***Health History Form (this form must be notarized)***
- ***Required and Optional Equipment Form***
- ***Lodging Information***
- ***Special Power of Attorney Form (for students whose sponsor is not their parent)***

Students should review all entry forms with their parents prior to submission.

The NRA will acknowledge all student entries in writing, and Camp Perry Reporting information will be sent to each student with the acknowledgement letter.

OTHER COSTS:

Students are required to cover the cost of their room and board, plus all other incidental and personal expenses.

Cost of lodging in Camp Perry huts will be \$43.80 per night for the hut. Hut lodging arrangements must be handled directly with the Camp Perry Clubhouse Rental Office (See the enclosed *Lodging Information* materials for details).

Reimbursement of up to \$500.00 per individual is available for first time campers.

CANCELLATION OF CAMP:

The NRA reserves the right to cancel the pistol camp if a minimum of 50 students have not registered by June 15, 2009. Cancellation notifications will be mailed to each registrant if the camp is canceled.

PASS THE WORD!

Let your friends and other junior pistol shooters you may know about this camp! Please feel free to make copies of all the enclosed materials, and give them to other persons who might wish to attend this pistol camp.

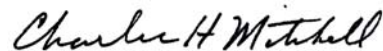
JOIN US THIS YEAR!

We at NRA hope that you will be able to join us this year for what we know will be an enjoyable and memorable learning experience. Have fun, make new friends, and improve your shooting skills...it's a great way to spend a few days this summer!

If you have any questions at all, please give us a call at (703) 267-1481, You can also write to us at:

**National Rifle Association
Training Department
Education and Training Division
11250 Waples Mill Road
Fairfax, VA 22030
ATTN: Camp Perry Pistol Camp**

Hope to see you at camp!



Charles H. Mitchell
Manager
Training Department

Enclosures:

Registration Form
Health History Form
Required and Optional Equipment Form
Lodging Information
Special Power of Attorney Form

REGISTRATION FORM
2009 NRA NATIONAL JUNIOR PISTOL CAMP

July 14-July 18, 2009 Camp Perry, Ohio

Revision Date: 2/4/2009

IMPORTANT

MAIL YOUR ENTRY IN TIME TO ARRIVE AT NRA HEADQUARTERS NO LATER THAN JUNE 30, 2009

Return this completed form with a check or Money Order made payable to NRA in the amount of \$175.00 to: NRA, Training Department (JPC), Education and Training Div., 11250 Waples Mill Road, Fairfax Virginia 22030 Attn: Camp Perry Junior Pistol Camp (\$200.00 after June 15, 2009.)

PRINT OR TYPE ONLY

Camper's Information

1. Name: First _____ MI: _____ Last: _____

2. Street Address: _____

3. City: _____ State: _____ Zip: _____

4. Daytime Phone: _____ Date of Birth: _____

5. My NRA competition classification card says I am: (check one)

Master Expert Sharpshooter Marksman No classification card

6. Years previously attended camp: _____

7.	Score	Year	Where
NRA or USA Shooting Jr. Air pistol	_____	_____	_____
NRA or USA Shooting Jr. .22 cal. International	_____	_____	_____
NRA .22 cal. Conventional	_____	_____	_____

8. (do) (do not) Authorize NRA to photograph my person or property and to publish such photographs for any lawful purpose.

9. I agree to comply with all the rules and regulations of the camp, to follow instructions as given by the camp staff, and to conduct myself in a safe and responsible manner.

10. I am in sound physical condition and can participate in the camp physical training activities. Please indicate below any exceptions or unusual circumstances. _____

11. Camper's Signature _____

12. Parent's Name: (Print) _____ Signature: _____

13. Parent's Email Address: _____ @ _____

14. Sponsor's Name: (Print) _____ Signature: _____

Sponsor's Phone: _____

15. Print your name as it should appear on your name badge: _____

16. T-Shirt size (adult sizes only – circle one): Small Medium Large X-Large XX-Large

HEALTH HISTORY FORM
2009 NRA NATIONAL JUNIOR PISTOL CAMP
July 14-July 18, 2009 Camp Perry, Ohio
Revision Date: 2/4/2009

Camper's Information:

1. (Print) Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Parent's Home Phone: _____ Work Phone: _____

2. Health/Accident Insurance Company: _____

Policy No.: _____ ID No.: _____

3. Camper has or is subject to (Check if yes):

- Asthma Heart Trouble Diabetes
 Convulsions Fainting Spells Bleeding Disorders
 Allergy to any medications, food, plants, animal or insect toxins.
 Any condition that may require care, medication, or diet.

Explain: _____

- Check here if none of the above apply.
 Check here if this is camper's first time away from home.

4. Does camper have difficulty with (Check if yes):

- Homesickness Digestion Lungs
 Bed-wetting Sleep Walking Eyes/Ears/Nose/Throat

5. Any condition now requiring medication? Yes No Medication: _____

6. Any restrictions of activity for medical reasons? Yes No

Explain: _____

7. Immunizations: Date of last Inoculation

Tetanus Toxoid	_____	Polio	_____	Mumps	_____
Diphtheria	_____	Measles	_____	Rubella	_____
Pertussis	_____				

8. **PARENT AUTHORIZATION:** This health history is correct to the best of my knowledge and belief, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event my child should require medical attention for any reason and I cannot otherwise be reached, I hereby give permission to the National Rifle Association (NRA) or such other employee or person as the NRA may designate to act in my stead and to authorize such medical treatment as my child, in the opinion of the treating physician, may require.

Information contained on this document will be treated as confidential and is requested only for the purpose of obtaining medical help in the event that it should become necessary.

Signature: _____ Date: _____

(Parent or Guardian)

9. In Case of Emergency, please notify: Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Notarized by: _____ Signature: _____

Required/Optional Equipment List
2009 NRA NATIONAL JUNIOR PISTOL CAMP
July 14-July 18, 2009 Camp Perry, Ohio
Revision Date: 2/2/09

REQUIRED ITEMS (Most, if not all, equipment items can be purchased from vendors on Commercial Row at Camp Perry).

1. Completed Application Form
2. Completed Health History/Medical Information and Release From Liability Forms
3. .177 Caliber (4.5mm) Target Air Pistol
4. .22 Caliber Smallbore Target Pistol with Metallic Sights.
5. Hearing Protection—Ear Plugs and/or Ear Muffs
6. Eye Protection—Shooting glasses, safety glasses or prescription safety glasses.
7. Cleaning Equipment
 - a. Cleaning Rod Guide
 - b. Cleaning Rod, Single piece, plastic coated recommended, with JAG.
 - c. 2–3 Bore Brushes, .22 Cal Pistol.
 - d. Bore Cleaning Solvent, 4–6 ounce bottle (if glass bottle, should be wrapped with several layers of masking tape to help prevent breakage)
 - e. 50–100 Bore Cleaning Patches
 - f. Toothbrush for pistol cleaning
 - g. Q-Tips for pistol cleaning
8. Ammunition: 1000 rounds of standard velocity target ammunition (optional, but strongly recommended) plus 1000 pellets.

OPTIONAL ITEMS

1. Shooting Shoes (international).
2. Spotting Scope with stand or without stand for use in camp. (Recommend 20X min; Power or Variable Power.)
3. Rain gear- rain suit or poncho and 6' X8' light weight waterproof material for use to cover shooting equipment.
4. Stopwatch or electronic timer. A timer that will permit the count-down of hours and minutes is recommended

Acceptable Pistol—The camp will accept any .22 caliber target type conventional pistol that meets Rule 3.4 of the current NRA conventional pistol rules, and 3.7 Air Pistol and 3.5 Standard Pistol type International Rules. These pistols may be used in matches sanctioned by NRA Junior Camp.

NRA Pistol Rule 3.4—A pistol authorized for use in pistol matches using cartridges commercially catalogued as the .22 Long Rifle cartridges. The long barrel must meet NRA Conventional Rule 3.4. The matches for Standard Pistol and Sport Pistol must meet NRA International Pistol Rules 3.1 and 3.5. The matches for air pistol must meet NRA International Rule 3.7.

NRA/USA Progressive-Position Pistol rules are governed by 4.1–4.14. The Progressive - Position Pistol matches will use NRA/USA Progressive - Position rules.

The check-in committee must check in the Pistols authorized for camp matches. While the competitors are in the matches or at the camp for the Junior Pistol Camp the Range Officer has the right to reject any use of the pistols in the case of a malfunction or disabled pistol.

PISTOL CAMP LODGING INFORMATION

Available Lodging Types –

Huts: 4 single beds, \$43.80 plus tax per night.

Other lodging types may be available at Camp Perry, such as open bay barracks, modular housing, and/or cottages. Current rates apply.

Reservations will only be accepted by telephone and are assigned on a first-come, first-served basis.

Beginning April 29, 2009, you may telephone the Camp Perry Clubhouse Rental Office at 1-800-889-7010 or (614) 336-6214 daily between the hours of 9:00 am and 9:00 pm Eastern Time.

No written requests will be accepted for lodging.

When calling to book your lodging:

- Know your arrival and departure dates.
- Names and addresses of your roommates, if any.
- Credit card (MC, VISA, or American Express), a non-refundable deposit will be required when making your reservation. The deposit fee will be processed and be charged to your credit card account **at the time of your call.** (Deposit payment is equal to the first night's rent on each rental unit reserved, and is a non-refundable payment.) Deposit payment may not be moved to cover the cost of other beds. Each confirmed room's first night's rent is based on the deposit applied to that room only, if the room is canceled at any time, this deposit is forfeited.
- You will be given a confirmation number at the time of your call. No confirmation letter will be sent. Please keep this number somewhere safe. You will need to have this number to make changes and at check-in.
- Check-in time for all reservations is from 2:00 p.m. until 10:00 p.m. on your arrival date. Reservations, which are not picked up by 10:00 p.m. on the arrival date, will be considered canceled, unless arrangements have been made with the Camp Perry Clubhouse Rental Office prior to the 10:00 p.m. cut off. Checkout must be accomplished no later than 10:00 a.m. on your departure day. Additional charges will be incurred for late check-outs and no show/failure to cancel reservations.
- Requestor must be 18 years of age or older to request reservations. Proof of age may be requested upon check-in.

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, _____
a legal resident of the State of _____, and residing at
_____, have made, constituted
and appointed, and by these presents do make, constitute, and appoint
_____ whose present address is,
_____, my true and lawful attorney, to do
and execute, or to concur with persons jointly interested with myself therein in the doing or
execution of all or any of the acts, deeds, things, and purposes, which are hereinafter
expressed: To authorize any and all medical and hospital care and treatment, either
preventive or corrective, including major surgery deemed necessary by a duly licensed staff
physician, at any hospital for my child/children listed below in order that their health and
well being can be maintained or enhanced.

Name of child:

GIVING AND GRANTING unto my said attorney full power and authority to perform
every act, deed, matter and thing whatsoever that shall be necessary, desirable or
convenient to accomplish the ends and purposes for which this Power of Attorney is
granted as fully and effectually as I might or could do in my own proper person if
personally present, and thereby ratifying all that my said attorney shall lawfully do or cause
to be done by virtue of these presents. FURTHER, unless sooner revoked or terminated by
me, this Special Power of Attorney shall become NULL and VOID from and after
_____.

THIS POWER OF ATTORNEY SHALL NOT TERMINATE UPON THE DISABILITY
OF THE PRINCIPAL IN WITNESS THEREOF,

I have hereunto set my hand and seal this _____ day of _____, 2009.

GRANTOR'S SIGNATURE

STATE OF _____
COUNTY OF _____

Acknowledge before me this _____ day of _____, 2009

Notary Public My commission expires: