



Please Attach Current Photo

International YHEC EXPRESS Registration For Returning Participants Only

This form should only be used if you have participated in IYHEC in the last 4 years, and if information previously provided to the NRA Hunter Services Department has not changed. Submission of birth certificate and hunter safety card not required.

Name: _____

State/Prov.: _____

Check off appropriate categories:

- Junior Participant Team
- Senior Coach Individual

What was the last year you participated in International YHEC? _____

LODGING INFORMATION

I, the participant/coach, will be staying on-site at Mansfield University. (\$725.00)

I, the participant/coach, will be staying off-site at: _____ (\$595.00)
(Hotel/Motel/Campground Name)

In case of emergency, I may be reached at: _____
(Phone Number Where You Can Be Reached During the Event)

PAYMENT

My payment of \$725.00 or \$595.00 is enclosed. Parent/Guardian: _____

Please contact me for my credit card payment. Phone: _____

Payment will be sent separately by _____.

Please note that personal checks WILL NOT be accepted. Cashier's Checks and Money Orders will be accepted. Checks from clubs or organizations will also be accepted.

Please return your completed registration to:
NRA Hunter Services Department – IYHEC
11250 Waples Mill Road
Fairfax, VA 22030

NRA USE ONLY

Date Received: _____ Fee Enclosed? Yes No Method of Payment: _____

Cashier's Check # _____ Money Order # _____ Check # _____

Other _____

PARTICIPANT INFORMATION																									
Full Name:	DOB:																								
IYHEC Team Name:	IYHEC Coach:																								
Has your address, phone number, or email address changed? If so, please provide the new contact information here:																									
<p style="text-align: center;">CLOTHING SIZES</p> <p style="text-align: center;"><i>Adult Sizes. Circle all that apply.</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">T-Shirt:</td> <td style="width: 10%;">M</td> <td style="width: 10%;">L</td> <td style="width: 10%;">XL</td> <td style="width: 10%;">XXL</td> <td style="width: 10%;">XXXL</td> </tr> <tr> <td>Sweatshirt:</td> <td>M</td> <td>L</td> <td>XL</td> <td>XXL</td> <td>XXXL</td> </tr> <tr> <td>Jacket:</td> <td>M</td> <td>L</td> <td>XL</td> <td>XXL</td> <td>XXXL</td> </tr> <tr> <td>Vest:</td> <td>M</td> <td>L</td> <td>XL</td> <td>XXL</td> <td>XXXL</td> </tr> </table>		T-Shirt:	M	L	XL	XXL	XXXL	Sweatshirt:	M	L	XL	XXL	XXXL	Jacket:	M	L	XL	XXL	XXXL	Vest:	M	L	XL	XXL	XXXL
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Jacket:	M	L	XL	XXL	XXXL																				
Vest:	M	L	XL	XXL	XXXL																				

MEDICAL HISTORY	
Health Insurance Carrier:	Policy ID #:
Physician:	Physician's Phone:
Special Considerations: (Prescriptions, Medications, Allergies, etc.)	

EMERGENCY CONTACT	
Name:	Relationship to Participant:
Daytime Phone:	Evening Phone:
Email:	Fax:

I, _____, give permission for emergency medical treatment for myself or my child for illness or accident if I cannot first be contacted. I further agree to the Liability/Medical Release, Participation and Athletic Code, and Model Release which I have signed in previous years.

Signature of Participant, Coach, Parent, or Legal Guardian of Minor Participant

Date