



U.S. OLYMPIC TRAINING CENTER
1 Olympic Plaza • Colorado Springs, CO 80909-5762
PHONE (719) 866-4670 • FAX (719) 635-7989
WWW.USASHOOTING.COM

USA SHOOTING PROGRAM ANNOUNCEMENT **ISSF SHOTGUN JUDGE & REFEREE LICENSING COURSES**

- Requirements*** Applicants for licenses must possess practical experience gained from judge and/or referee duties within their national federation. Attendees should bring an ISSF rule book, a notepad for taking notes, and two passport photos for licensing. Copies of the ISSF Official Statutes Rules and Regulations will be available to purchase for \$20.00 USD. A certification of vision is required to obtain an ISSF license. This should be done prior to attending the course so that license applications can be submitted upon completion of course requirements. Please find full requirements and standards of the eye sight certificates in the ISSF Rules Article 3.12.3.9.1, Annex “S”, Part 6.0. Attendees may take the referee course, the judge course or both.
- Location*** Hill Country Shooting Sports Center
1886 Cypress Creek Road
Kerrville, TX 78028
- Date & Time*** The referee course will be held on September 6-7. The judge course will be held on September 8-9. The courses will begin at 8:30am daily. Students should arrive a half hour prior to the start of the class on September 6th and September 8th or the evening before the start of the course.
- Language*** The course will be instructed in English. No foreign language interpreter will be provided.
- Course Sanctioning*** This course is sanctioned by ISSF and USA Shooting, the national governing body for Olympic shooting in the United States. Completion of the course and the successful completion of the course examination will lead to certification as an ISSF Shotgun Referee or ISSF Shotgun Judge as applicable.
- Diplomas & Licenses*** All students will receive a diploma of participation. Only those students that achieve a satisfactory standard in the course examination will be awarded a certificate, thus meeting the criteria for award of an ISSF Shotgun Referee license or an ISSF Shotgun Judge certification.
- Curriculum*** The curriculum is approved by ISSF and USA Shooting. A detailed course curriculum will be provided on the first day of the course.

Instructors The chief instructor for this course is Mr. Rod Jenneiahn, ISSF Class A Judge and member of the ISSF Judges Committee.

Course Fee The cost for the course will be \$130 for the referee course and \$190 for the judge course. The course fee must be paid at the time of registration.

Registration **Registration Ends August 21st.** To register, complete the form below and fax to 719-866-4884 Attn: Nicole Levine or mail to: USA Shooting, ISSF shotgun courses, 1 Olympic Plaza, Colorado Springs, CO 80909. **The pre-paid course registration fee is required by August 21st** to confirm your participation. **Please make checks payable to USA Shooting.** The course fee is refundable minus 10% if cancellation takes place prior to August 28th. Cancellations made after August 28th will not be refunded. International applicants will need to provide a copy of their passport along with the course fee.

Important – Minimum Participation Required

A minimum of five participants are required for each course. Confirmation of participation and conduct of the course(s) will be provided each applicant on August 21. **Do not make travel arrangements until receiving confirmation on August 21st!**

Accommodations Participants are responsible for arranging their own transportation and accommodations. Please note that the Hill Country Shooting Sports Center is located 58 miles Northwest of the San Antonio Airport. As a courtesy, we have provided a list of hotels in the Kerrville area.

Holiday Inn Express Hotel & Suites
2114 Sidney Baker Street
Kerrville, TX 78624
Phone: 877-863-4780

YO Ranch Resort Hotel
2033 Sidney Baker Street
Kerrville, TX 78028
Phone: 830-257-4440

La Quinta Inn & Suites Kerrville
1940 Sidney Baker Street
Kerrville, TX 78028
Phone: 830-896-9200

Days Inn Kerrville
2000 Sidney Baker Street
Kerrville, TX 78028
Phone: 830-896-1000

Best Western Sunday House Inn
2124 Sidney Baker Street
Kerrville, TX 78028
Phone: 830-896-1313



U.S. OLYMPIC TRAINING CENTER
1 Olympic Plaza • Colorado Springs, CO 80909-5762
PHONE (719) 866-4670 • FAX (719) 635-7989
WWW.USASHOOTING.COM

REGISTRATION FORM

Please register me in the ISSF Shotgun Training Course(s) at the
Hill Country Shooting Sports Center
(Fax this form to 719-866-4884 or mail to above address)

Name: _____

Address: _____

City State, Zip: _____

Country: _____ DOB: _____

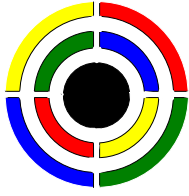
Phone: _____ E-Mail: _____

Shotgun Referee Course _____ \$130 Shotgun Judge Course _____ \$190

****International applicants will need to provide a copy of their passport picture page for insurance purposes. This should be sent in with the course fee. ****

Confirmation of acceptance will be provided August 21, 2009. Do not make travel arrangements until your application is accepted.

Only individuals who send in his/her course fee are secured a spot in the class. If your payment is not received by August 21st your place may be given to another.



ISSF

International Shooting Sport Federation
Internationaler Schiess-Sportverband e.V.
Fédération Internationale de Tir Sportif
Federación Internacional de Tiro Deportivo
 ISSF • Bavariaring 21 • D-80336 München • Germany
 Phone: +49-89-5443550 • e-mail: munich@issf-shooting.org
 Fax: +49-89-54435544 • internet: <http://www.issf-shooting.org>

Application for Shotgun Referees' License

The Federation of	Name of national federation	endorses the application of:
-------------------	-----------------------------	------------------------------

Family Name(s)	Given Name(s)
----------------	---------------

Date Of Birth:	Day	Month	Year
----------------	-----	-------	------

to be licensed as an ISSF shotgun referee in the following events:		
Trap and Automatic Trap	Double Trap	Skeet
YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>

The Applicant has attended official ISSF Shotgun Referees' Course(s) as follows:			
Events	Course Dates	Location	Instructor

This is to certify that the information given is correct, that the applicant has experience as a national referee, and that the photographs are of the applicant.

Signed for the Federation:		Please Enclose two recent photos Size 3 x 2cm
Name typed or printed:		

**(Page two of the application for a Shotgun Referees' License)
Disability**

Do you have any physical impairment that would not permit you to perform all the duties required as a shotgun referee for the events for which you are requesting a license?	Yes No
If Yes, please provide a separate letter describing your disability.	

Language Capability						
Provide an assessment of your language capability in the ISSF languages:						
Language	Speak			Understand		
	Fluent	Well	Basic	Fluent	Well	Basic
English						
French						
German						
Spanish						
Russian						

Applicant's Declaration		
I affirm that all information contained in my application is true and correct.		
Date:	Signature of Applicant:	
Fee enclosed: Swiss Francs 30.-- <input type="checkbox"/>		Two Photographs enclosed <input type="checkbox"/>

International Shooting Sport Federation Official Use:

Date Acknowledged and Checked			
Recommended		Not recommended	
Class license		Postponed until	
By	For the Judges Committee		Date
Trap	Skeet	Double Trap	
YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	<input type="checkbox"/>
Date of issue	Invoice Number	Dispatched (mailed, given by hand)	

International Shooting Sport Federation

Eye Sight Test Form and Certificate

Applicant:

Family Name(s)	Given Name(s)
----------------	---------------

Date of Birth:	Day	Month	Year			
-------------------	-----	-------	------	--	--	--

Certifying medical practitioner / ophthalmologist:

Name, qualifications and medical specialty (for example: Dr. AB Cook, MD, General Practitioner:)

Name		Address		Email	
Phone		Fax		Mobile phone	

1.	Is the visual acuity 0.7 (6/9 or 20/30) or better on each eye? Yes, without correction <input type="checkbox"/> Yes, but only with correction <input type="checkbox"/> Corrections: Left: Right:	No <input type="checkbox"/>
2.	Is there any evidence or history of impaired night vision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Is there any defect in colour vision? If yes, what kind of defect:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Is there any sign of diplopia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are there any defects in the binocular visual field? If yes, attach vision field maps!	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Is there any evidence of other ophthalmic pathological conditions or diabetes? If yes, what condition(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical practitioner's / ophthalmologist's declaration:

I, certify that I have examined the above named person, confirmed his/her identity and that I have correctly answered the questions above.

Date of examination:		Name:		Signature and Stamp:	
----------------------	--	-------	--	----------------------	--

National Federation's declaration:

We confirm that the applicant is fully supported by our federation to act as an international shotgun referee.

Name:		Date:		Signature and Stamp	
-------	--	-------	--	---------------------	--

For ISSF official use only:

Investigation

Rejected

Approved