



# TARGET SHOOTING CLUB

## Air Rifle Club Application & Safety Agreement

Please complete the form below in BLOCK CAPITALS

Name:	
Address:	
Phone:	
Email:	
DOB:	

I CONFIRM I AM OVER 18 YEARS

I CONFIRM I AM OVER 21 YEARS OF AGE AND I AM A LEGAL PARENT/GUARDIAN FOR A GUEST UNDER THE AGE OF 18.

Agree to these range usage terms:

I CONFIRM THE DETAILS ABOVE ARE CORRECT AND I AM **NOT** PROHIBITED FROM HANDELING FIREARMS OR AIRGUNS AND HAVE READ AND UNDERSTOOD ALL THE RULES AND CONDITIONS OF USING THE RIFLEMAN FIREARMS AIR RIFLE RANGE AND WILL ABIDE BY THEM.

Signature: .....

Date: ...../...../.....

For office use:

Picture taken:

On Excel:

Card sent: