

RANGE APPLICATION

APPLICANT INFORMATION

Name:		
Date of Birth:	Email:	Phone:
Address:		
City:	State:	ZIP Code:
TWAW Member? Yes or No	Veteran / Military / Police? Yes or No	Corporate? Yes or No If yes, Company Name _____

RANGE INFORMATION

Hourly or Membership (Please Circle)		
Interested in: (circle all that apply)		
Shooting: (Pistol) (Rifle) (Shotgun)	Private Lessons? Yes or No	Rental Guns? Yes or No
Events: (Night Shooting)	If Yes, I Prefer a (Male) or (Female) Instructor or (No Preference)	What Caliber are you interested in shooting? _____
Taking a Basic Shooting Class? Yes or No	Becoming a TWAW Member? Yes or No	Please list any Specific Make / Model _____

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of Birth:	Email:	Phone:

SPOUSE RANGE INFORMATION

Hourly or Membership (Please Circle)		
Interested in: (circle all that apply)		
Shooting: (Pistol) (Rifle) (Shotgun)	Private Lessons? Yes or No	Rental Guns? Yes or No
Events: (Night Shooting)	If Yes, I Prefer a (Male) or (Female) Instructor or (No Preference)	What Caliber are you interested in shooting? _____
Taking a Basic Shooting Class? Yes or No	Becoming a TWAW Member? Yes or No	Please list any Specific Make / Model _____

DEPENDENTS AGE 10 AND UP

Name:	Age:	Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:	Name:	Age:

SIGNATURES

I affirm that the above information is true and that I am the parent/guardian of dependents listed. I am assuming full responsibility for all dependents listed and their actions. I understand that my membership may be revoked at any time and/or I may be asked to leave if my behavior, or my spouse/dependents behavior is deemed to be unsafe by management. I understand the risks of shooting sports and agree to sign the release of liability form provided to me, which shall cover all members listed on this form.	
Signature of applicant:	Date:
Signature of spouse (<i>only if for a joint membership</i>):	Date: