

BIG PINE GUN CLUB ACTIVITY REGISTRATION FORM

Name: _____
Last First MI

Address: _____
Street Town

State Zip code

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Age: _____ Allergies: _____

Physical restrictions or limitations: _____

Emergency Contact and Phone: _____

I plan to bring my personal firearm to the class? Yes _____ No _____

Make and model _____ Caliber _____

Please send completed forms and payment to:

Big Pine Gun Club
 c/o Rob Cody
 440 Bangor Rd
 Dover-Foxcroft, ME 04426

Course fee is \$80. Please make checks payable to Big Pine Gun Club.

Please direct questions to: rcscody@gmail.com