



**Shooting Club Access Pass**

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Premier Tier \_\_\_\_\_ Platinum Tier \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Individual annual Pass Holders must accompany their child, grandchild (living with them) under the age of 15. No charge for Pass Holder children under the age of 15.

Name: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Additional Pass Holders or minors**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

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Card #: \_\_\_\_\_ Entered: \_\_\_\_\_ Sent to Park: \_\_\_\_\_