



TARGET SPRINT



SCOUT MEMBER - RUN & SHOOT INDIVIDUAL ENTRY FORM (one per competitor)

I wish to enter the Run and Shoot Competition at 21st Romsey Scout HQ on Saturday 6th May 2017 and enclose my entrance fee of £5.00. **Ideally this form should be sent with the collective entry form through Section Leader, although individual entries will be accepted.**

The closing date for entries is **31st March 2016**

PLEASE NOTE. Entries may be closed before that date if the event is over subscribed.

Name:	
Date of birth:	<i>(or enter Over 18)</i>
Age as at 31/12/2017:	
Sex (Male / Female):	
Association Member Number:	<i>(Over 18's only)</i>
Group and Troop / Explorer Unit	

I certify that I am not subject to restrictions by virtue of the regulations set out in Section 21 of the Firearms Act 1968 which applies to persons who have served a custodial sentence.

Signed:Competitor

PARENTAL CONSENT FORM - SHOOTING ACTIVITIES

PLEASE NOTE: SPECIFIC PARENTAL PERMISSION IS NEEDED BEFORE A MEMBER UNDER 18 years CAN TAKE PART IN THIS ACTIVITY

This form is to be filled in by parent/guardian for all entrants under 18 **and returned with the entry.**

Name of Section: **21st Romsey Scouts / Shackleton ESU**
 Proposed activity: **Run and Shoot Air Rifle target shooting (Airgun Competition)**
 Date: **on Saturday 6th May 2017 at 21st Romsey Scout HQ.**
 Cost: **£5.00 to be submitted with this entry form *via an adult contact.***
Chqs Payable to '21st Romsey Scouts' if sending direct or as instructed by your leader.

This activity will be supervised by NRA/ NSRA Qualified Range Officers.
 If any additional information is required please do not hesitate to contact your child's leader.

Parent or Guardian's consent

I being the parent/guardian of the person named above have noted the arrangements and declare that he/she is not subject to restrictions by virtue of the regulations set out in Section 21 of the Firearms Act 1968 which applies to persons who have served a custodial sentence and hereby give permission for my child to take part in the activity detailed above.

Please state if your child has any disability or condition, which may be affected by this activity:

Please indicate details of any relevant medical treatment currently being received:

Contact details

Email Address: _____ Tel no. _____

Address: _____

Parent's Name _____ Signature _____ Date _____

Please post entries with Chq to Stephen Batchelor, 9 Rosewall Road, Maybush, Southampton, SO16 5DU



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