IRON SIGHTS SHOOTING RANGE

♦Firearm Experience & Range Safety Questionnaire ♦

Varne: (First)			(Last)		Phone:		
			W1000				
(Occupation)		(Street)		7	(City)	(State)	(Zip)
			(Company Name)			(Work P	one)
I would rate m	ny shooting exper	ience as follows:					
	Ist time	Novice	Beginner	Intermediate	Expert		
Handgun			Deginner				
Rifle							
Shotgun							
15	- 3	8	ss? □ yes □ no g: (felony □ yes	no) (misdeme	eanor □ yes 〔	no)	
Are you an u	nlawful user, or	are you addicted	to any narcotics (controlled substan	ces), legal or no	ot? □ yes □	no
Do you have	a problem with	alcohol? 🗆 yes	□ no				
Sights) from facilities of I	any and all liab ron Sights and	ility for personal agree to hold Iro	injury or property n Sights, free, cle	on Sights Shooting damage arising ou ar and harmless fo njury or property of	t of the use of the and indemnify	the equipment Iron Sights f	and/or rom any
	held financially nal wear and tea		ny knowingly wil	lful act of destruct	ion to the range	and/or range	equipment
	below, I cert	ify that there i	s no legal reas	on to prevent n	ne from visiti	ing, using, r	enting
	oting at this i						