Minocqua Gun Club

P.O. Box 403 Minocqua, WI 54548



minocquagunclub.com gunclubminocqua@gmail.com

Junior Membership Application

(Necessary only if not already a member through a family membership.)

Please Print Clearly Name:		
	First	
Current Age(Mu	st be between the ages of 12	and 17) Birth Date
Address:		
City:	State:	: Zip:
Phone:	Email:	
Hunter Safety Certificate#	<u> </u>	
(Necessary for 12-17 year ol		
Annual membership	being purchased: (Mer	mbership year runs from May 1 to April 30)
Trap/Skeet Junior N	1embership - \$20	New Membership Number
		(This number changes every year.)
In consideration of the accept event or events conducted up discharge said corporation are of property damage, personal in any and all shooting sports. Further, I agree to indemnify property damage, death or participating in any and all sl Gun Club. I also understand for every minor child in the state I have read this entire document/Guardian Signature.	tance of my child's application of the auspices of the Minoch of its officers and directors from the injury, or death that my child injury, or death that my child and hold harmless the Minoch ersonal injury to any person control sports or any other events the Minocqua Gun Club expect the Minocqua Gun Club expect the the Minocqua Gun Club expect the Minocqua Gun Expect	ed by parent/guardian and witnessed.) In to participate as a junior member in the cqua Gun Club, Inc. I hereby release and om any and all liability and I assume all risk d may suffer while engaged in participation der the auspices of the Minocqua Gun Club. qua Gun Club, Inc. from any liability for caused by my child while engaged in and yent held under the auspices of the Minocquets the use of proper eye and ear protection tire meaning, and sign voluntarily.
Date:		
Parent/Guardian Phone N	lumber:	

Checks can be made out to **Minocqua Gun Club** and mailed to the address above. The new junior membership card will be mailed to you.