

UKARA PLAYER APPLICATION – Please make sure all details have been written clearly and are legible.

Full Name:						
Address: _						
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Town:						
Dootoodo:						
_						
Email Address: _						
Contact Phone: _						
Player Agreement:						
confirm by signing this one	alication form that	t Lam a logitimato Aircof	t player who freque	ntly attands Airsof	it war gamos ("skirm	ishos"
confirm by signing this app Home Office definition*),		_		•		isries
nembership with a UKARA						f third-
arty liability insurance for	Airsoft activities. S	Should I change or cance	el my membership, I	shall notify a mem	iber of UKARA imme	ediately.
Signature:						
		/				
Application Date:		/				
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