

Hinckley & District Air Rifle League

Individual Registration

Name: _____

Address: _____

Telephone: _____

Date of Birth if Under 21: _____

I wish to register as a member of the _____ Air Rifle Team for the 2017-2018 season. I have read, understood and agree to abide by the rules of the League. I have not previously registered with any other team for this season. I agree that the League can store the details on this form in a computer database. (This is for League purposes and will not be disclosed to any outside parties).

Member's Signature

Date:

Secretary's Signature

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