



COME AND TRY SESSION

Includes: Gun Hire, 1 box ammo, 25 Targets, Mentor / Coach, Insurance, Hearing Protection & Shooting Jacket

Name:		
Address: (Street, Suburb & postcode req)	Street:	
	Suburb:	Postcode:
Email:		
Contact Number#		
DATE:		D.O.B.

Please sign the Visitors Book and complete the Gun register before trying Clay Target Shooting.

**Always follow instructions from your Coach and please ask questions if not sure.
Enclosed shoes to be worn at all times whilst shooting.
Hearing Protection essential
Shooting glasses / safety glasses or sunglasses highly recommended.**

Terms and Conditions

I agree that, at all times I will follow the instruction of the coach/mentor allocated to me during this come and try session. I will wear enclosed shoes, hearing protection and not be under the influence of any drugs or alcohol. I have signed the clubs visitor's book so that I am covered by the club insurance.

I also agree that the club may use my email address to follow up with my come and try session.

Signature: _____

NAME OF COACH / MENTOR:

COMMENTS



RECORD OF NEW MEMBER INDUCTION PROGRAMME
Please attach to membership form when complete

DATE: _____	DISCIPLINE TRAP <input type="checkbox"/> SKEET <input type="checkbox"/> SPORTING <input type="checkbox"/>				COACH/MENTORS NAME: _____
SAFETY	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	COACH/MENTORS COMMENTS: _____ _____
GUN HANDLING	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
SKILLS LEVEL	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
RULES KNOWLEDGE	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
READY FOR INCLUSION IN PRACTICE SQUAD YES <input type="checkbox"/> NO <input type="checkbox"/>					

DATE: _____	DISCIPLINE TRAP <input type="checkbox"/> SKEET <input type="checkbox"/> SPORTING <input type="checkbox"/>				COACH/MENTORS NAME: _____
SAFETY	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	COACH/MENTORS COMMENTS: _____ _____
GUN HANDLING	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
SKILLS LEVEL	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
RULES KNOWLEDGE	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
READY FOR INCLUSION IN PRACTICE SQUAD YES <input type="checkbox"/> NO <input type="checkbox"/>					

DATE: _____	DISCIPLINE TRAP <input type="checkbox"/> SKEET <input type="checkbox"/> SPORTING <input type="checkbox"/>				COACH/MENTORS NAME: _____
SAFETY	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	COACH/MENTORS COMMENTS: _____ _____
GUN HANDLING	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
SKILLS LEVEL	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
RULES KNOWLEDGE	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	
READY FOR INCLUSION IN PRACTICE SQUAD YES <input type="checkbox"/> NO <input type="checkbox"/>					

DATE: _____	LAYOUT SETUP TRAP <input type="checkbox"/> SKEET <input type="checkbox"/> SPORTING <input type="checkbox"/>				COACH/MENTORS NAME: _____
SAFETY	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	COACH/MENTORS COMMENTS: _____
SKILLS LEVEL	GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	POOR <input type="checkbox"/>	NEEDS MORE <input type="checkbox"/>	

FINAL ASSESSMENT	DATE: _____	COACH/MENTORS NAME: _____
SAFETY TEST	_____	
SAFETY	_____	
GUN HANDLING	_____	
SKILLS LEVEL	_____	
RULES KNOWLEDGE	_____	
This Applicant has shown that he/she is ready to be accepted by the club for membership <input type="checkbox"/>		
SIGNATURE: _____		