



6428 N. PENSACOLA BLVD., PENSACOLA, FL 32505 (850)474-4867(GUNS)
www.PensacolaIndoorShootingRange.com

Customer Registration Form and Membership Agreement

Please provide the following information (please print legibly) Today's Date: _____

Applicant Name (Last, First, Middle): _____ Gender: Male or Female

Home Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No.: Mobile: _____ Home: _____ Date of Birth: _____

Email Address: _____ Driver License No.: _____ Exp: _____

Emergency Contact Name: _____ Phone No.: _____ Relationship: _____

Check if you are registering as: Hourly Patron: _____ Membership Type: Single Family Patriot

Method of Membership Payment: Monthly* Annually Previous Member: Yes or No

For Family Memberships Only (List spouse and minor children under the age of 18 residing with member)

*Monthly auto bill requires minimum of one (1) year commitment; early termination fees apply.

How did you hear about us? (friend, family, radio, web, other) _____. If you were referred to our range by another member, please give us their name so we can thank them for the referral. Member name: _____

Tell us about your sporting interests:

- Deer Hunting, Domestic Big Game Hunt, Self-Defense, Tactical, Dove / Quail Hunting, International Safari, Concealed Carry, Law Enforcement, Turkey Hunting, Competitive Shooting, Home Defense, Waterfowl Hunting, Sporting Clays, Gun Collector

Have you ever been convicted of a felony? Yes No
Are you currently on probation? Yes No
Have you been issued a restraining order for committing acts of domestic violence? Yes No
Have you ever been adjudged mentally incompetent? Yes No

Pursuant to all of the laws in the State of Florida and the United States of America, I certify that I am legally able to possess, own and handle a firearm. I certify that I have never been the subject of a criminal or any other proceeding that prevents me from presently possessing, owning or handling a firearm. I have read, understand and agree to abide by the Range Rules listed on back and as posted by Pensacola Indoor Shooting Range; further, I agree to abide by all verbal instruction and direction given by management and range master personnel of Pensacola Indoor Shooting Range. I do consent by signing this application to a criminal history search.

I certify that all information given on this application is true and correct to the best of my knowledge.

Membership will be granted, and may be revoked, at any time at the sole discretion of Pensacola Indoor Shooting Range with or without cause.

SIGNATURE OF APPLICANT: _____ DATE: _____

WITNESS SIGNATURE: _____ WITNESS PRINTED NAME: _____

++++ THIS PORTION TO BE COMPLETED UPON FIRST VISIT TO PENSACOLA INDOOR SHOOTING RANGE +++++
All members must complete the required safety briefing prior to using the range. Safety briefing completed:

DATE: _____ CWL#: _____ VERIFIED BY: _____