

# Single Event Guest Pass to HRSC Facilities

## HAY RIVER SHOOTING CLUB

Box 4604  
Hay River, NT  
X0E 1G2  
info@hayrivershootingclub.org



M D Y To M D Y  
Date(s) for Single Event Guest Pass

**Current Executive**

President - Peter Osted (867)874-6369  
Vice President - Rod O'Brien (867)874-3656

Secretary/Treasurer - Ralph Colwell (867)874-6206  
Chief Range Officer - Kevin Jacobs (867)874-6976

**Section-1**

An Executive member has to receive and acknowledge a copy of this and any supporting forms prior to any activities taking place. The Sponsor is responsible for the Guest at all times. The Sponsor has to remit payment along with the remaining SIGNED portion of this form and any supporting forms within 2-3 business days.

- Adult guest pass**     **Waiver / Consent form included**  
 **Youth guest pass** Requires consent to Participate form. Please include the consent form with this Guest Pass.     **Youth Waiver / consent form included**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Mailing Address  Same as Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone ( ) - \_\_\_\_\_ Cell Phone ( ) - \_\_\_\_\_ Work Phone ( ) - \_\_\_\_\_ Employer \_\_\_\_\_  
 Other Phone Contact \_\_\_\_\_ Primary email address \_\_\_\_\_ Alternate email address \_\_\_\_\_

**Section-2**

Guest Member Personal and Emergency contact information.

POL - Possession Only License

PAL - Possession & Acquisition License

Date of Birth M D Y \_\_\_\_\_  
 Guest Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ M D Y Signature Date \_\_\_\_\_  
 Emergency Contact - 1 ( ) - Home Phone ( ) - Cell Phone ( ) - Work Phone \_\_\_\_\_  
 Emergency Contact - 2 ( ) - Home Phone ( ) - Cell Phone ( ) - Work Phone \_\_\_\_\_

**Section-3**

**SPONSOR** Guests sponsor must possess a valid HRSC membership. Sponsor is responsible for the guest at all times. Sponsor must remit payment along with the remaining portion of this SIGNED form within 2-3 business days.

Sponsor - (HRSC Member) \_\_\_\_\_ Sponsor Signature \_\_\_\_\_ M D Y \_\_\_\_\_  
 Membership Number \_\_\_\_\_ Home Phone ( ) - Cell Phone ( ) - Work Phone ( ) -

**HRSC - Administration**

Cash     Cheque    Amount received \$ \_\_\_\_\_ .<sup>00</sup>    Received Date M D Y \_\_\_\_\_    Receipt No. \_\_\_\_\_  
 Accepted by Signature \_\_\_\_\_ Accepted by Name \_\_\_\_\_ M D Y \_\_\_\_\_

Copyright © 2013 Hay River Shooting Club

HRSC-SnglEvtnt-GuestPassFrm-2013c-draftc.pdf

Cut here for quest pass

**Section-4**

## Hay River Shooting Club Single Event Guest Pass

M D Y To M D Y  
Date(s) for Single Event Guest Pass



Sponsor Full Name \_\_\_\_\_ Guest Full Name \_\_\_\_\_  
 Sponsor Signature \_\_\_\_\_ Guest Signature \_\_\_\_\_

**GUEST MUST KEEP THIS SECTION-4 ON HIS OR HER PERSON DURING THE GUEST PASS DATES.**

**YOU WILL BE ASKED TO STOP ALL SHOOTING ACTIVITIES IF YOU CANNOT PRODUCE THIS SECTION.**

Copyright © 2013 Hay River Shooting Club

HRSC-SnglEvtnt-GuestPassFrm-2013c-draft.pdf