

PHILLIPSBURG PISTOL CLUB

**WOMEN ON TARGET INSTRUCTIONAL
PISTOL SHOOTING CLINIC**

September 28, 2019 10 AM TO 2:30 PM

REGISTRATION FORM

PLEASE PRINT

Name: _____

Address: _____

Email: _____

Phone: _____

Please provide a little information about yourself:

I: _____ have never shot before.

_____ have some shooting experience.

_____ am an experienced shooter.

My age is: _____ over 18

_____ between 12 – 18 (must be accompanied by
parent/guardian)

Date of Birth: _____

Please mail this form along with your \$45 check made payable to
Phillipsburg Pistol Club to:

Shirleen Oldham
214 Mt. View Road West
Asbury, New Jersey 08802