



CLINIC REGISTRATION FORM

Please complete the form below, attach your check made payable to and send to:

Pinetucky Gun Club PO
Box 211996
Martinez, GA 30917

I will attend the following clinic:

March 10 May 19 July 14 September 8 November 10

9:30 a.m. to 3:00 p.m.

Cost is \$20.00 for the clinic

PLEASE PRINT

Name: _____

Address: _____

Phone: _____

E-Mail: _____

If you have any questions, please contact:

Steve Meldrum at 706-592-4230 or stevesgun@comcast.net

Carol Rosenqvist at 706-781-4392 or rosenqvist@windstream.net

Donna Matthews at pinetuckywomen@yahoo.com

Pre-registration is required to attend clinic. Space is limited.

Please note there are NO firearms or live ammunition allowed in the classroom.

Please wear comfortable, closed-toed shoes. No flip-flops, high heel shoes or low-cut shirts.

May we include your email in our Pinetucky Gun Club email list? _____ Yes _____ No