



**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 9    May 11    July 13    September 14    November 16

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](mailto:stevesgun@comcast.net)

Carol Rosenqvist at 706-781-4392 or [rosenqvist@windstream.net](mailto:rosenqvist@windstream.net)

Donna Matthews at [pinetuckywomen@yahoo.com](mailto: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