

*SAFETY OFFICER REGISTRATION FORM*

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| --- | --- |
| CLUB |  |
| CTSASA NO: |  |
| TITLE |  |
| SURNAME |  |
| FIRST NAMES |  |
| DATE OF BIRTH |  |
| POSTAL ADDRESS | CODE: |
| CELL NO |  |
| EMAIL ADDRESS |  |
| ID. NUMBER |  |

I, *(print name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that I have been officially accepted as a Range Safety Officer at my registered CTSASA club.

I further confirm that I am committed to upholding all safety regulations as required by law and by all of the rules as applicable to clay target shooting.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration supported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(print name)*

(Club Chairman or Club Secretary)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

**Accepted: Recorded in DB:**