



PLEASE FILL IN ALL SECTIONS

SHOOTING REGISTRATION FORM 2017

Today's Date:		Date of birth:	
PERSONAL DETAILS			
Title:	First Name:	Surname:	
Address:			
Postcode:			
Home Telephone:		Mobile Number:	
Email Address:			
SHOTGUN CERTIFICATE DETAILS			
Do you have a current shotgun certificate: YES/NO delete as appropriate			
Do you have insurance? Yes/No If Yes, who with?			
High Lodge would like to send you occasional offers that may be of interest to you by post, email or phone of which you may unsubscribe at any time. Please tick your interests below			
Clay Shooting <input type="checkbox"/>	Air Rifle <input type="checkbox"/>	Archery <input type="checkbox"/>	Golf <input type="checkbox"/>
Footgolf <input type="checkbox"/>	Fishing <input type="checkbox"/>	Trap Sales <input type="checkbox"/>	Carvery <input type="checkbox"/>
Holidays <input type="checkbox"/>	Lodge Sales <input type="checkbox"/>	Hen & Stag <input type="checkbox"/>	Weddings <input type="checkbox"/>
Conference/Corporate <input type="checkbox"/>		Events <input type="checkbox"/>	
If you would prefer to NOT receive future information/offers please tick this box <input type="checkbox"/>			
<i>NB: All information is received in strict confidence and WILL NOT be passed on to any third parties</i>			