The Heritage Guild of Easton Range, LLC.
Customer Information Form, Firearms/Archery Experience & Range Safety

Every one wishing to enjoy this facility, whether using his or her own firearm/bow or a rental firearm/bow, must fill out this form in its entirety. All information supplied will be kept strictly confidential, not to be distributed or made available to others for any purpose and is for the sole use of Heritage Guild of Easton Range, LLC personnel to assist in properly identifying customers.

Phone: _____

E-mail: _____

I am interested in firearms/archery instruction: ☐ **Yes** ☐ **No**

I would rate my previous experience:

	Beginner	Intermediate	Advanced
Handgun			
Rifle			
Shotgun			
Archery			

Gender _____ Male _____ Female

_____
First Name Middle Last Name

_____
Date of Birth ID # (Drivers License/Passport/Military ID) State of Gov. of Issue

_____
Address City State Postal Code

_____
Emergency Contact Relationship Contact Phone Number

Household Members (if purchasing family membership) and Minors 10-17

Full Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

The Information Provided Here is Accurate,

_____ _____
Signature Date

Range Program Purchased:

Hourly Patron _____

Top Shot Individual _____ Family_____ Pro-Shooter Individual _____ Family _____

Bullseye Individual _____ Family_____ Arrowhead Individual _____ Family_____

(Revised 6/29/2015)