

# 2018 N.a.s.a. Basic Marksmanship Clinic

June 9th 2018 7:30am - 4 pm

## Volunteer Registration Form

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Volunteer position desired: (circle 1)

Rifle Instructor

Range Safety Officer (as needed)

Other: \_\_\_\_\_

Will you be eating lunch with us? (circle one) Yes No

What size Men's style T-shirt do you wear? \_\_\_\_\_

Can you bring your own eye and hearing protection? (circle one) Yes No

Do you have any special safety or medical training? (circle one) Yes No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Will you be able to commit to a 2 hour training session (TBD) as well as a full day on June 9th (7:30am-4pm)? (circle one) Yes No