

APPLICATION FOR TARGET PISTOL SHOOTING COURSE

To: Courses Clerk
HQ ARA
Hythe Lodge
Bisley Camp
BROOKWOOD
Surrey GU24 0NY

Tel: Mil 9 4211 8084
DD (01483) 798084
Fax: (01483) 799821

APPLICATION FOR TARGET PISTOL SHOOTING COURSE 2007

Course Title:

Course Code:

Course Dates:

Number Rank Name/Initials

Unit Full Address

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.....

.....

Tel Contact No

Email

Shooting Experience:

Accommodation Required: YES / NO *

National Body Membership Number (if applicable)

Signed:

Name and Rank in BLOCK CAPITALS:

CO / OC / Unit Training Officer

* Delete as applicable

