

HONEY ISLAND SHOOTING RANGE

Annual Pass Application

I hereby apply for a Annual Pass (one year) to the Honey Island Shooting Range and enclose the \$60.00 (individual) / \$75.00 (family) fee. I understand that this Pass will only allow me to use the Range during normal business hours when the Range is open to the public and a Range officer is on duty. Further, I understand that no other benefits are implied or granted and that I am NOT a member of SOUTHEAST LOUISIANA FIREARMS SAFETY, Inc. I understand that the Board of Directors must approve my application and that, if for any reason, my application is rejected this money will be refunded.

PLEASE READ INSTRUCTIONS AND COMPLETE LEGIBLY!

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone: Home _____ Cell _____

Driver's license number _____ State _____ Today's Date _____

Please Check One: Individual Season Pass (\$60.00) Family Season Pass (\$75.00)

For a family, please provide the following information [**The Family Pass is for immediate family members only: father, mother, and minor children (20 years old or younger) who live at home. Children aged 21 years or older and spouses of children are NOT covered by the family pass.**] Any family member (pass holder) **under** 16 years of age must be accompanied by an adult (18 years or older).

Spouse's Name _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

I agree to abide by the range rules as set forth by the Board of Directors, the Range Master, and Range Officers. I understand that inappropriate conduct could result in suspension or forfeiture of my Season Pass with loss of part or, all of my yearly fee as the Board may direct. I swear I am not a convicted felon and am not prohibited from owning or possessing a firearm.

Signature _____ Date _____

Southeast Louisiana Firearms Safety, Inc.

P.O. Box 5159

Slidell, LA 70469-5159

Application received by: _____ Range Officer No. _____ Paid: _____

Cash OR Check (CK # _____)

Application Instructions

This application is available in either printed or Fillable PDF form.

If you received this application in printed form please fill it out **LEGIBLY** so that we have the correct information including your name, address, telephone number and e-mail address. You can then mail it to the address on the application.

If you received this application by e-mail or downloaded it from the Honey Island web site it is a fillable PDF form. It can be opened and completed with the Adobe Acrobat Reader application from <https://get.adobe.com/reader/> You may type your name on the form in the signature block. When you have completed the form select “File ==> Save As...” and save the file on your hard drive. You can then print and mail it to the address on the application.