

**MAIL FORM:**

Darnall Gun Works & Ranges  
C/O: Alison Darnall  
POB 298  
Danvers, IL. 61732

**ADULT REGISTRATION FORM**

NRA YOUTH SHOOTING CLINIC  
June 24 and June 25, 2023

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Home/Cell Ph#: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Circle:** Male Female

**T-Shirt MENS SIZES ONLY**

**Circle Size:**

S M L XL 2XL 3XL

**NRA Instructor Y or N**  
**(not required)**

**NRA Certification #:** \_\_\_\_\_

**Availability:**

Saturday, June 24 All Day \_\_\_\_\_ Or specify hours: \_\_\_\_\_

Sunday, June 25 All Day \_\_\_\_\_ Or specify hours: \_\_\_\_\_

\_\_\_\_\_ **Volunteer Anywhere** \_\_\_\_\_ **Kitchen Help** \_\_\_\_\_ **Group Leader**