

HONEY ISLAND SHOOTING RANGE

Season Pass Application

I hereby apply for a Season 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.

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 pass, 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 _____

Range Hours Open to the Public (subject to change):

	<u>During Central Daylight Time</u>	<u>During Central Standard Time</u>
Friday	1:00 PM - 6:00 PM	11:00 AM - 4:00 PM
Saturday	8:00 AM - 6:00 PM	8:00 AM - 4:00 PM
Sunday	8:00 AM - 6:00 PM	8:00 AM - 4:00 PM

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 # _____)