Hunter Education
DCM Match
Shooter Information and Record

Today's Date _____/_____/_____

Name _____ _____ _____
Last First Middle

Street Address _____

City_____ Zip Code _____

Phone Number (Home)_____ (Cell)_____

Sex _____ Date of Birth _____/_____/_____

Written Test Score _____

Range Scores
Hunter Ed. _____

DCM _____

Attendance _____ Attitude _____

Certificate # (Blue Card) _____

Parent/Guardian permission is necessary for students in the Hunter Education program to shoot targets for score, completion of class, and certification.

Please sign here giving the above student permission to participate in the Hunter Education classes.

_____ _____
Parent/Guardian Printed Name **Date**

_____
Parent/Guardian Signature
Parent/Guardian please sign this form giving the above student (who is under 18 years of age) permission to take this class in Hunter Safety.