

Mail TO: Sundy Martin
17 Hedlund Road
East Haddam, CT
06423

The Spring 2015



From the Women of the NRA.®

*Instructional Shooting
Clinic*

Saturday
May 16, 2015
(Rain or Shine)

Presented by
**QUAKER HILL
ROD & GUN
CLUB**



Women On Target® is an Instructional Shooting Clinic that allows women to experience firearms in a safe non-competitive environment. Clinic will provide the opportunity for you to learn about rifles, pistols, shotguns, muzzleloaders, and archery. You will have the opportunity to shoot skeet and trap. Be able to shoot at targets such as pins, metal targets, paper Shoot-N- C targets, and more.

Only \$50! Includes lunch, eye and ear protection, loaner equipment, ammunition, and personal instruction by outstanding volunteers.

NOTE: You will be required to sign an affidavit stating the following:

I affirm that I am not restricted from owning, transporting, or using firearms under any Federal, State or Local statutes or ordinances, or any court ruling.

Directions and forms are available on the Quaker Hill Rod & Gun Club website:

<http://www.quakerhillrodandgunclub.org>



From the Women of the NRA.

For Women Only!
Space is limited
Register now!

Deadline -April 18th, 2015

Absolutely NO forms will be
accepted after this date.

For more information contact:
Sundy Martin
(860) 526-1482 (home)
(860) 316-8553 (cell)
or
suntush2@yahoo.com



NOTE: Safety Briefing attendance is
MANDATORY for event participation!

Arrival after start of the safety briefing
will disqualify from event participation.

Table with 2 columns: Activity and Time. Rows include Check in, Safety Briefing, Round Robin of shooting events, Lunch, and Continuation of Round Robin.

Please complete and return the
attached registration form with
your \$50 payment. Make checks
payable to Quaker Hill Rod &
Gun Club.

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THE FIRST 50 APPLICANTS WILL
BE ACCEPTED. REMAINING
APPLICANTS WILL BE PLACED ON
A WAITING LIST.

It is advised that women who are pregnant
not participate due to the possible effects of
lead while shooting on the indoor range.

Enrollment is based on a receipt of
payment and registration.

(Please fill in all information and
print CLEARLY.)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

*e-mail: _____

*Please print CLEARLY.
(Required for e-mail confirmation.)

Age: [] 18-30 [] 31-45
[] 45-60 [] 60+

Shirt Size: (SM M L XL XXL XXXL)
(CIRCLE ONE)

Indicate which activities you have
participated in at least once?

- [] Attended this clinic previously
[] Shot a handgun [] Shot a rifle
[] Shot a shotgun [] Never shot a gun

In signing this form, I hereby waive and
release all other participants, the hosts,
sponsors and all other officials or parties
involved in the event from all claims and/or
damage incurred in connection with this
event.

Signature / Date