

# APPENDIX 12

## Cheshire County Shooting Sports Education Foundation, Inc Indoor Range Non-Member Waiver Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

CCSSEF Member? Y / N

CCSSEF Indoor Range Member? Y / N

Y / N Have you ever been convicted of a felony?

Y / N Are you under any court order involving domestic violence?

Y / N Are you prohibited from possessing, owning or controlling a firearm in any State?

By using this facility, you give your consent for the Foundation to investigate your background to ensure your compliance with NH RSA 159:3 and 173-B:9.

Signature of Guest: \_\_\_\_\_ Date signed: \_\_\_\_\_

Range Time: \$ \_\_\_\_\_

Ammunition: \$ \_\_\_\_\_

Targets: \$ \_\_\_\_\_

Misc. \$ \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check # \_\_\_\_\_

PHOTO IDENTIFICATION / DRIVERS LICENSE

Credit Card # \_\_\_\_\_ Exp date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_