

Centralia Rifle Club & Junior Division
A Washington not-for-profit corporation
908 Johnson Road, P.O. Box 465, Centralia, WA 98531
(360) 736-1003

EVENT APPLICATION

Name of event: _____ Fee: _____ Date(s): _____

Name: _____ Last 4 of SSN: _____
(Last, First, Middle)

Date of Birth: _____ Sex: Male _____ Female _____

Address: _____ City: _____ Zip: _____

Phone #: Home: _____ Work: _____ Cellular: _____

E-mail address(es): _____

Do you have a Concealed Weapons License? If so, please give the number _____

Have you ever been convicted of a crime, excluding minor traffic offenses? ___ YES ___ NO

Have you ever been convicted of a felony? ___ YES ___ NO

Have you ever been convicted of a domestic violence offence? ___ YES ___ NO

Have you ever been the subject of a domestic violence restraining order ___ YES ___ NO

Has your right to possess a firearm ever been terminated or suspended? ___ YES ___ NO

Has a concealed weapons permit in your name ever been suspended or revoked? ___ YES ___ NO

(If you answered yes to any of the above, please furnish full details. Use reverse side as necessary).

I certify that the information contained herein is true and accurate to the best of my knowledge and belief.

Date

Signature