

NRA HUNTER CLINIC PROGRAM REGISTRATION FORM

Instructor Name and NRA ID #: _____

Clinic Topic: _____

(Please print information requested below clearly and distinctly.)

NAME-----COMPLETE MAILING ADDRESS (Include Zip Code)	NRA MEMBER ?	AGE (Optional)
1	Y <input type="checkbox"/> N <input type="checkbox"/>	
2	Y <input type="checkbox"/> N <input type="checkbox"/>	
3	Y <input type="checkbox"/> N <input type="checkbox"/>	
4	Y <input type="checkbox"/> N <input type="checkbox"/>	
5	Y <input type="checkbox"/> N <input type="checkbox"/>	
6	Y <input type="checkbox"/> N <input type="checkbox"/>	
7	Y <input type="checkbox"/> N <input type="checkbox"/>	
8	Y <input type="checkbox"/> N <input type="checkbox"/>	
9	Y <input type="checkbox"/> N <input type="checkbox"/>	
10	Y <input type="checkbox"/> N <input type="checkbox"/>	
11	Y <input type="checkbox"/> N <input type="checkbox"/>	
12	Y <input type="checkbox"/> N <input type="checkbox"/>	
13	Y <input type="checkbox"/> N <input type="checkbox"/>	
14	Y <input type="checkbox"/> N <input type="checkbox"/>	
15	Y <input type="checkbox"/> N <input type="checkbox"/>	