KIDS KINGDOM CONVENT SCHOOL SINGHEWALA

CONSENT FORM FOR MEMBERSHIP OF SHOOTING RANGE

PARTICULARS OF CANDIDATE

Name			
Father's name			
Class	Section	Registration No.	Roll No
It is	intimated that I a	m interested in becoming n	nember of shooting range and
will abide by all ru	ules and regulations	s of sports.	
			SIGNATURE OF CANDIDATE
1,		father/ mother of	
allow him/her to	take parts in shoc	oting practice as his / her sp	oorts activity. We will arrage a
personal rifle / pi	stol for him/her wit	hin 3 months.	

SIGNATURE OF PARENTS