



Visitor Details

Welcome to the Howick Pistol Club

We are required by law to record the details of any member of the public visiting the range. If you do not wish to provide these details then unfortunately you are not permitted on the range.

Contact Information:

Full Name: _____
 Residential Address: _____
 Mailing Address: _____
 Daytime Contact Number: _____
 Mobile Number: _____
 E-mail Address: _____
 Home Phone Number: _____
 Date of Birth: ____/____/____

Firearms Licence (if held)

Licence Number: _____ Categories Held: _____

Photo ID (required)

ID (other than Firearms Licence) _____
 ID Number _____

(To be Verified by Club Member)

Name: _____

Sign: _____

Record of visits (NZ Police only permit 3 visits before you need to decide if you wish to join the Club)

Visit 1 _____ Receipt Number: _____
 Date/Time _____ Fee Due \$ _____
 Visitor Badge Number _____ Paid Y/N _____
 Club Member Responsible _____ Collected By _____

Visit 2 _____ Receipt Number: _____
 Date/Time _____ Fee Due \$ _____
 Visitor Badge Number _____ Paid Y/N _____
 Club Member Responsible _____ Collected By _____

Visit 3 _____ Receipt Number: _____
 Date/Time _____ Fee Due \$ _____
 Visitor Badge Number _____ Paid Y/N _____
 Club Member Responsible _____ Collected By _____

INSTRUCTOR SIGN OFF

(Required for Membership Application)

Name _____ Date ____/____/____ Sign: _____